

ROUTING SLIP FOR II




DATE June 25, 2018

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE May 2018

TO LeBlanc

INITIAL REVIEW 

DATE 7/5/18

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 

DATE 7/7/6/18

POSTED TO SPREADSHEET 

SENT TO FISCAL 7-11-18 EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT? _____

COMMENTS:

table skirt clips disallowed - not program related
+ not in budget



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

JUN 25 2018

DCFS
Economic Stability

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

May 2018

Service Period

2000 224936

Contractor/PO#

2000 224936-0518

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,522.34	\$ 48,922.40	\$ 53,444.74	\$ 19,515.26	
FRINGE BENEFITS	\$ 10,309.44	\$ 453.07	\$ 7,151.20	\$ 7,604.27	\$ 2,705.17	
TRAVEL	\$ 1,080.00	\$ -	\$ 1,080.00	\$ 1,080.00	\$ -	
OPERATING SERVICES	\$ 60,370.56	\$ 3,824.52	\$ 47,481.94	\$ 51,361.85	\$ 9,008.71	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 7,912.50	\$ 74,268.75	\$ 82,181.25	\$ 12,018.75	
OTHER CHARGES	\$ 434,880.00	\$ 25,820.00	\$ 390,900.00	\$ 416,720.00	\$ 18,160.00	
EQUIPMENT/ACQU ISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 47,500.00	\$ 52,250.00	\$ 4,750.00	
TOTALS	\$ 730,800.00	\$ 47,337.82	\$ 617,304.29	\$ 664,642.11	\$ 66,157.89	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis, President/CEO
Signature of Authorized Contractor Representative and Title

6/11/2018
Date

FOR DCFS USE ONLY					
DCFS Invoice Number	Org <u>4274</u>	Obj <u>3740</u>	Rep Cat <u>5071</u>	Sub Obj <u>line 2</u>	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program
Compliance
Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

Signature and Title of Authorized DCFS Official

Jeannine LeBlanc 7/6/18
table start clips followed

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries
SERVICE PROVIDED: Abortion Alternative-Statewide

ADDRESS 3813 N. Flannery Rd.
Baton Rouge, LA 70814
CONTACT PERSON: Dorothy Wallis
TITLE: President/CEO

REPORT CATEGORY # 5071
P. O. # 2000 224936
GRS ORG CODE # 4274
OBJECT CODE 3740
INVOICE # 2000224936-0518
PHONE # 225-273-1124

MONTH & YEAR May 2018
PARISH SERVED: Statewide

CUMM PREVIOUS 1st MONTH PARTICIPANTS 1878
1st MONTH PARTICIPANTS SERVED THIS MONTH: 306
CUMMULATIVE 1st MONTH PARTICIPANTS 2184

SECTION A-SALARY

Services Coordinator	Sanaretha Gray	934.34	
Home Prenatal Care Nurse	Emily McCool	1,008.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist	Margaret Thompson	1,600.00	
	TOTAL SALARIES-Direct Svcs	4,522.34	4,522.34

SECTION B - FRINGE

Insurance	Direct Services	0.00	
FICA	Direct Services	345.96	
Worker's Compensation	Direct Services	107.11	
	TOTAL FRINGES-Direct Svcs	453.07	453.07

SECTION C - TRAVEL

Travel	Direct Services	0.00	
	TOTAL TRAVEL-Direct Svcs	0.00	0.00

SECTION D - OPERATING EXPENSES

Printing	Direct Services	337.95 ✓	
Printing	Direct Services	0.00	
Office Supplies	Direct Services	2,204.96	
Copy Machine	Direct Services	250.00 ✓	
Internet Service	Direct Services	195.00	
Media	Direct Services	0.00	
Website	Direct Services	17.00	
KNOWforSURE	Direct Services	875.00	
	TOTAL OPERATING EXPENSES FOR MONTH	3,879.91	3,879.91

2149.57 - table skirt clips disallowed

3824.52

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

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SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	2,200.00	4,522.34 +
Performance Improvement Coord	Garcia Bodley	1,200.00	453.07 +
Public Relations/Media Coord	Randy Rice	700.00	3,824.52 +
Webmaster/Info Tech Cons.	Kathleen Benfield	487.50	7,912.50 +
Information Technology Cons.	Turnkey	250.00	25,820.00 +
Auditor Services	Michael Choate, CPA	875.00	4,750.00 +
	JHam/Rita/Margaret/		
Professional Technical Svc	Michelle/Emily/Alexis	2,200.00	47,282.43 *

TOTAL PROFESSIONAL

7,912.5

0 • C

SECTION G-OTHER CHARGES

Client Services:

	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	306	3,060.00
Positive Pregnancy Test	\$ 10.00	272	2,720.00
Negative Pregnancy Test	\$ 10.00	30	300.00
Abstinence Education	\$ 30.00	30	900.00
Counseling	\$ 40.00	125	5,000.00
Referral Services	\$ 10.00	75	750.00
Health Risk Assessment	\$ 30.00	-	0.00
Care Plan Development	\$ 30.00	175	5,250.00
On-going Care	\$ 30.00	145	4,350.00
Family Support Services	\$ 40.00	68	2,720.00
Home Outreach Support Services	\$ 75.00	6	450.00
Birth Outcome Confirmation	\$ 40.00	8	320.00

TOTAL OTHER CHARGES


25,820.00

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00 ✓
Health Insurance		250.00 ✓
TOTAL INDIRECT COST		<u>4,750.00</u>

TOTAL INVOICE

\$ 47,337.82


Authorized Signature per Dorothy Wallis

Project Administrator

6/11/2018

Date

OFS Approval

Telephone Number

6/11/2018

Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA

P.O.# 200 224936 - 0518
ACH Transfer Detail Grid for May 2018

ction	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Ban Page
C	Operating Expense	Travel	Care Pregnancy Ctr	n/a	n/a	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	Restoration Pregnancy	27-31	32	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	Access/Catholic Charities	33	34	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	A Pregnancy Center	35-36	37	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	Women's Resource Ctr	38-40	41	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	Care Pregnancy Center	42-44	45	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Office Supplies	CPC-Gonzales	46-47	48	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5-7
D	Operating Expense	Knowforsure	Sources for Women	59	60	Gulf Coast Bank & Tst	5-7
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	62-63	64	Gulf Coast Bank & Tst	5-7
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	65	66	Gulf Coast Bank & Tst	5-7
F	Professional	Public Relations	Randy Rice & Assoc	67	68	Gulf Coast Bank & Tst	5-7
F	Professional	Webmaster	Kathleen Benefield	69	70	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svc	Jennifer Ham	76	77	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svc	Sanaretha Gray	78	79	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svs	Michelle Dyess	84	85	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svc	Emily Ilgenfritz	86	87	Gulf Coast Bank & Tst	5-7
F	Professional	Prof Tech Svc	Alexis Farrugia	88	89	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	92	94	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	95	97	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	98	100	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	101	103	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	104	106	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	107	109	Gulf Coast Bank & Tst	5-7
G	Coor Prenatal Care Serv	Sub-contractor	CPC-RV	110	112	Gulf Coast Bank & Tst	5-7
I	Indirect cost	Project Administrator	Dorothy Wallis	114	115	Gulf Coast Bank & Tst	5-7



GULF COAST BANK & Trust Company

Gulf Coast Bank and Trust Company LCP CHECKING 6649

Last Updated: 6/13/2018 7:27 AM

\$6,905.96
Available Balance

Start Date End Date Transaction Type

6/6/2018

to 6/13/2018

Min Amount

Max Amount

Check #

\$0.00 to

\$0.00

to

Apply Filters

Reset

ACH Pg #

Date	Description		Amount
JUN 12 2018	CPC-May 2018	94	(\$9,540.00)
JUN 12 2018	APC-May 2018	100	(\$5,185.00)
JUN 12 2018	Restoration-May 2018	106	(\$3,195.00)
JUN 12 2018	WRC-May 2018	97	(\$2,905.00)
JUN 12 2018	Access Catholic-May 2018	103	(\$1,770.00)
JUN 12 2018	CPC RV-May 2018	112	(\$1,680.00)
JUN 12 2018	CPC Gonzales-May 2018	109	(\$1,545.00)
JUN 12 2018	S Gray-May 2018	79	(\$250.00)
JUN 12 2018	E Ilgenfritz-May 2018	87	(\$150.00)

ACH Pg #

JUN 11 2018	☒ Check - 1147		(\$875.00)
JUN 6 2018	D Wallis-May 2018	115	(\$4,500.00)
JUN 6 2018	Media-April 2018		(\$2,666.00)
JUN 6 2018	Direct Mailing-May 2018	64	(\$2,200.00)
JUN 6 2018	Women's Resources 4 Comm-May 2018	66	(\$1,200.00)
JUN 6 2018	SFW May 2018	60	(\$875.00)
JUN 6 2018	JHam-May 2018	77	(\$800.00)
JUN 6 2018	A Pregnancy Ctr Office Supp-May 2018	37	(\$709.00)
JUN 6 2018	Randy Rice Public Relations-May 2018	68	(\$700.00)
JUN 6 2018	CPC-Office Supplies May 2018	45	(\$586.88)
JUN 6 2018	M Dyess-May 2018	85	(\$500.00)
JUN 6 2018	Kathleen Benfield-May 2018	70	(\$487.50)
JUN 6 2018	Women's Resource Office Supp-May 2018	41	(\$366.00)
JUN 6 2018	Restoration Office Supp-May 2018	32	(\$311.00)
JUN 6 2018	A Farrugia-May 2018	89	(\$150.00)
JUN 6 2018	Access Catholic Office Supplies-May 2018	34	(\$141.08)
JUN 6 2018	CPC Gonzales Office Supp-May 2018	48	(\$91.00)

6

Life Choice Project

Coordinated Prenatal Care for
Louisiana's Pregnant Women

May 13, 2018

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
May 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

Please find attached, April 2018 supplemental invoice for media and the May 2018 invoice for the grant period 2017-2018 Alternative to Abortion Initiative **along with the hard copy of the TANF Report for the month of May 2018.**

Staff.....requesting permission to fill the clerical specialist position with current Caring to Love employee Sherrye Dunn and approval to move Margaret Thompson to Services Coordinator position.

I'm following up on the approval to fill this position of Home Prenatal Care Nurse with Emily McCool, RN. We have enclosed Exhibit 7 which is a list of all of our LCP staff along with a copy of our newsletter.

In a previous office supply purchase (December, 2017), contractor A Pregnancy Center had an ineligible purchase. Funds were applied in May 2018 for December 2017 ineligible supply purchase.

To authenticate our vendors we affirm that all vendor invoices included in this billing have been received either by email or USPS. We have enclosed the emails from which these invoices originated. Further we required that all vendors provide invoices with addresses and telephone numbers.

Concerning MTS corrections, upon review of our State database numbers I have found a few discrepancies which are as follows:

- Oct/2017 Family PI target reported 88; corrected 89
- Nov/2017 Family PI target reported 88; corrected 89
- Dec/2017 Family PI target reported 88; corrected 89
- Jan/2018 Family PI target reported 88; corrected 89
- Feb/2018 Family PI target reported 88; corrected 89

All PI targets need to be updated from March – June due to our approved budget revision. Please see attached our new updated MTS as of March that were sent with our budget revision.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area. If you have any questions, please feel free to contact me at any time.

I remain,



Dorothy Wallis
Program Administration
Caring to Love Ministries



Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- Letter to Ms. Jeanine Le Blanc
- One Copy
- Cover Letter
- Cost Reimbursement Invoices for May 2018
- Section A: Salary
- Section B: Fringe
 - FICA
 - LCTA – Worker Compensation
- Section C: Travel
- Section D: Operating Expenses
 - Cancelled Checks and Wire Transfers
- Section F: Professional services
 - Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers
- Section G: Other Charges – Coordinated Prenatal Care Services
 - Subcontractors' Front Page and Wire Transfer
- Section I: Indirect Costs- Project Administrative
 - Project Administrator Invoice, Time Study and Bank Statements (ACH)
- TANF –MOS Report May, 2018
- Newsletter

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

PO# 2000 224936

SECTION A

SALARY

Contractor's Salary and Salary Standard

Salary Standard - Grade 15

Contractor's Salary Standard - Grade 15 - \$100,000.00
Contractor's Salary Standard - Grade 15 - \$100,000.00

Contractor's Salary Standard - Grade 15

Contractor's Salary Standard - Grade 15 - \$100,000.00

Contractor's Salary Standard - Grade 15 - \$100,000.00

Contractor's Salary Standard - Grade 15 - \$100,000.00

Contractor's Salary Standard - Grade 15 - \$100,000.00

Contractor's Salary Standard - Grade 15

Contractor's Salary Standard - Grade 15

SECTION A - SALARY
Caring To Love Ministries
LCP Payroll Summary

3:42 PM

06/03/18

	<i>home prenatal</i> Emily A McCool	<i>home prenatal</i> Jashonda M Adams	<i>clerical</i> Margaret B Thompson	<i>Series</i> Sanaretha A Gray	TOTAL
Employee Wages, Taxes and Adjustments					
Gross Pay	100%	100%	100%	100%	
Care Pregnancy Clinic Salary	1,008.00	1,800.00	1,900.00	934.34	5,642.34
Counseling Center Salary	0.00	0.00	0.00	0.00	0.00
Total Gross Pay	1,008.00	1,800.00	1,900.00	934.34	5,642.34
Adjusted Gross Pay	1,008.00	1,800.00	1,900.00	934.34	5,642.34
Taxes Withheld					
Federal Withholding	-53.00	0.00	-134.00	-83.00	-250.00
Medicare Employee	-14.62	-26.10	-27.55	-13.55	-81.82
Social Security Employee	-62.50	-111.60	-117.80	-57.93	-349.83
LA - Withholding	-29.94	-40.08	-47.48	-20.61	-138.11
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00	0.00
Total Taxes Withheld	-160.06	-177.78	-328.83	-155.09	-819.76
Net Pay	847.94	1,622.22	1,571.17	779.25	4,822.58
Employer Taxes and Contributions					
Medicare Company	14.62	26.10	27.55	13.55	81.82
Social Security Company	62.50	111.60	117.80	57.93	349.83
Total Employer Taxes and Contributions	77.12	137.70	145.35	71.48	431.65

Position-Direct Services	Employee Name	Salary	Blue Cross	<i>1.65%</i> FICA	<i>2.36843%</i> Worker's Comp	Total Fringe	Total
Services Coordinator	Saranetha Gray	934.34 ✓	-	71.48 ✓	22.13 ✓	93.61	1,027.95
Home Prenatal Care Nurse	Emily McCool	1,008.00 ✓	-	77.11 ✓	23.87 ✓	100.98	1,108.98
Home prenatal Care Educator	J Monic Adams	980.00 ✓	-	74.97 ✓	23.21 ✓	98.18	1,078.18
Clerical Support	Margaret Thompson	1,600.00 ✓	-	122.40 ✓	37.90 ✓	160.30	1,760.30
TOTALS		4,522.34	-	345.96	107.11	453.07	4,975.41

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

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Transactions Details

Posting Date	05/10/2018
Transaction Date	05/10/2018
Description	DDA CHECK 000000954
Transaction Type	Debit
Amount	\$303.94
Balance	\$2,392.11

Front Back

ORIGINAL CHECK INFORMATION: MICR LINE: ⑈000000954⑈

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124	HANCOCK WHITNEY BATON ROUGE, LOUISIANA 84-15/854	9548 5/7/18
---	---	-----------------------

PAY TO THE ORDER OF Sanaretha A Gray \$ **303.94**

Three Hundred Three and 94/100 ***** DOLLARS

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO: Pay Period: 04/16/18 - 04/30/18

AUTHORIZED SIGNATURE

⑈009548⑈ ⑈055400153⑈

SECTION A-PERSONNEL SERVICES-Services Coordinator
LCP Budget to reimburse CTLM =\$934.34 for month

Transactions Details

Posting Date	05/23/201
Transaction Date	05/23/201
Description	DDA CHECK 000000958
Transaction Type	Debit
Amount	\$475.31
Balance	\$4,601.00

Front Back

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124



BATON ROUGE,
LOUISIANA

9558

84-15054

5/20/18

PAY TO THE ORDER OF Sanaretha A Gray \$ 475.31

Four Hundred Seventy-Five and 31/100 ***** DOLLARS

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO

Pay Period: 05/01/18 - 05/15/18

AUTHORIZED SIGNATURE

⑈009558⑈ ⑈065400153⑈

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$934.34 for month

Transactions Details

Posting Date	05/22/2018
Transaction Date	05/22/2018
Description	DDA CHECK 000000956
Transaction Type	Debit
Amount	\$847.94
Balance	\$6,026.11

Front Back

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

HANCOCK WHITNEY BATON ROUGE, LOUISIANA

9561

54-15-554

5/20/18

PAY TO THE ORDER OF Emily A McCool

\$ 847.94

Eight Hundred Forty-Seven and 84/100

DOLLARS

Emily A McCool
 2750 Millerville Rd, Apt 14103
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS
 STAR ACCOUNT

[Signature]

AUTHORIZED SIGNATURE

MEMO

Pay Period: 05/01/18 - 05/15/18

⑈009561⑈ ⑈065400153⑈

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1008.00 for month

Transactions Details

Posting Date	05/09/20
Transaction Date	05/09/20
Description	DDA CHECK 000000954
Transaction Type	Del
Amount	\$811.11
Balance	\$4,285.11

Front Back

ORIGINAL DOCUMENT PRINTED ON HIGH QUALITY PAPER WITH MICROPRINTED BORDER

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WHITNEY BATON ROUGE, LOUISIANA

9546

04-15-654 5/7/18

PAY TO THE ORDER OF Jashonda Monic Adams \$ 811.11

Eight Hundred Eleven and 11/100 ***** DOLLARS

Jashonda Monic Adams
 1625 Sherwood Valley Ct
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS
 STAR ACCOUNT

[Signature]
 AUTHORIZED SIGNATURE

MEMO Pay Period: 04/16/18 - 04/30/18

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK - ENOUGH TO RE-PRINT - IF INK DISAPPEARS, IT IS A COPY

⑈009546⑈ ⑈065400153⑈

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	05/22/2018
Transaction Date	05/22/2018
Description	DDA CHECK 000000956
Transaction Type	Debit
Amount	\$811.11
Balance	\$7,560.00

Front Back

ORIGINAL DOCUMENT PRINTED ON RECYCLED PAPER WITH A RECYCLED BORDER

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

9556

84-15/054 **5/20/18**

PAY TO THE ORDER OF **Jashonda Monic Adams** **\$ 811.11**

Eight Hundred Eleven and 11/100 DOLLARS

Jashonda Monic Adams
 11625 Sherwood Valley Ct
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS
 STAR ACCOUNT

[Signature]
 AUTHORIZED SIGNATURE

MEMO Pay Period: 05/01/18 - 05/15/18

009556 0065400153

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	05/09/2018
Transaction Date	05/09/2018
Description	DDA CHECK 000000953
Transaction Type	Debit
Amount	\$786.58
Balance	\$2,696.60

Front Back

ORIGINAL DOCUMENTS ARE NOT TO BE REPRODUCED OR COPIED

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

BATCH ROUGE, LOUISIANA
84-16/654
5/7/18

9553

PAY TO THE ORDER OF Margaret B Thompson \$ **786.58**

Seven Hundred Eighty-Six and 58/100 ***** DOLLARS

Margaret B Thompson
383 Rivercrest Ave
Baton Rouge, LA 70807

VOID AFTER 60 DAYS
STAR ACCOUNT

11 12 13 14 15 16 17 18 19 20

AUTHORIZED SIGNATURE

MEMO
Pay Period: 04/16/18 - 04/30/18

⑆009553⑆ ⑆065400153⑆

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	05/24/201
Transaction Date	05/24/201
Description	TELLER CASHED DEBIT 000000956
Transaction Type	Deb
	004
Amount	\$786.5
Balance	\$1,633.4

Front Back

ORIGINAL DOCUMENT INFORMATION: THIS CARD IS NOT VALID FOR DEBIT PURCHASES

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

HANCOCK WHITNEY BATON ROUGE, LOUISIANA
84-15/554

9564
5/20/18

PAY TO THE ORDER OF Margaret B Thompson \$**786.59

Seven Hundred Eighty-Six and 59/100 ***** DOLLARS

Margaret B Thompson
383 Rivercrest Ave
Baton Rouge, LA 70807

VOID AFTER 60 DAYS
STAR ACCOUNT

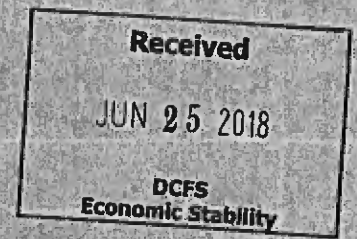
[Signature]
AUTHORIZED SIGNATURE

MEMO
Pay Period: 05/01/18 - 05/15/18

⑈009564⑈ ⑈065400153⑈

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month



PO# 2000 224936

SECTION B

FRINGES

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270855564806060

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information**Entered Data**

Taxpayer EIN	xxxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q2/2018
Payment Amount	\$2,834.02
Settlement Date	06/04/2018
Subcategories:	
1 Social Security	\$1,855.96
2 Medicare	\$434.06
3 Tax Withholding	\$544.00
Account Number	xxxxx6585
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

[Home](#)[Enrollment](#)[My Profile](#)[Payments](#)[Help & Information](#)[Contact Us](#)[Logout](#)[USA.gov](#)[IRS.gov](#)[Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Bureau of the Fiscal Service.

PO# 2000 224936-0518 Section A-Fringes-Fica

LCP Budget to reimburse CTLM = \$345.96 for month

PO# 2000 224936-0518

Section 1 - Financial Workers' Compensation CASUALTY INSURANCE COMPANY



SELF-REPORTING WORKSHEET

Policy Year: 118
Print Date: 5/24/2018Care Pregnancy Clinic
Caring to Love Ministries Inc
3813 N Flannery
Baton Rouge, LA 70814Agent: 576
Ozark South Central Insurance
(225)775-7614
Carrier Policy #: WC-1-019438-118
Rating State: LA
Payment Due: 6/15/2018

Policy No.: 001000019438118 Division: 0

Policy period: 1/01/2018 - 1/01/2019
Reporting Period: 5/01/2018 - 5/31/2018

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noo	<u>10,221.34</u>	.29	<u>29.64</u>
8864	Social Svcs Org-All Employees	<u>7448.00</u>	2.58	<u>192.16</u>
Life Choice = \$107.11 CTLM = \$119.89 TOTAL = \$227.00				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium		<u>221.80</u>
		(7) Increased Limits .000%		+
		(8) Subtotal		<u>- 221.80</u>
		(9) Discount factor before modifier		x 1.000
		(10) Subtotal		<u>- 221.80</u>
		(11) Experience Modifier		x
Months not reported:		(12) Subtotal		<u>- 221.80</u>
		(13) Discount factor after modifier		x 1.000
		(14) Total Premium Due		<u>- 221.80</u>
Make check payable to:		(15) Add cents to round		<u>.20</u>
LCTA Casualty Insurance Company		(16)		<u>+ 222.00</u>
PO Box 86510		(17) Previous Balance		<u>+ .00</u>
Baton Rouge, LA 70879-6510		(18) Total Due		<u>- 222.00</u>

For billing inquiries, call: PREMIUM ACCT 225-242-4443

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Wickie DanTitle: Accountant Date: 5/31/18

Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

QuickBooks Payments <BusinessServices@intuit.com>

on 5/31/2018 10:52 AM

to luv luv <luv@ctlm.org>;

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

Transaction Receipt			
Transaction Type	Sale	Amount:	\$227.00
Name:	Care Pregnancy Clinic -19438	Date & Time:	05/31/2018 - 08:51 PDT
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	272-123	Transaction ID:	a0l40xwf

Thank you for your order,
LCTA CASUALTY INSURANCE COMPANY

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$227.00 on or after 05/31/2018 - 08:51 PDT . If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0518

Section B-Fringes-Worker's Comp

LCP Budget to reimburse CTLM = \$107.11 for month

PO# 2000 224936

SECTION D

OPERATING EXPENSES

	0.00	
	0.00	
	0.00	
printing	337.95	+
off. supply	2,149.57	+
copy machine	250.00	+
internet	195.00	+
website	17.00	+
knowbrsure	875.00	+
	3,824.52	*
	3,824.52	+
disallow	55.39	+
	3,879.91	*
	0.00	

Fwd: Ad America invoice May

Iuv Iuv

Wed 5/30/2018 11:01 AM

Sent Items

To: Jeanine.LeBlanc.DCFS@LA.GOV <Jeanine.LeBlanc.DCFS@LA.GOV>; Dora Thomas <Dora.Thomas.DCFS@LA.GOV>;

0 6 attachments (465 KB)

sigimg0; ATT00001.htm; 226858 may.pdf; ATT00002.htm; 226859 may.pdf; ATT00003.htm;

From: <ilodges@adamericayp.com>
Date: April 26, 2018 at 1:16:51 PM CDT
To: Vickie <Iuv@ctlm.org>
Subject: Ad America Invoice May

Hi Vicki,

The attached is the invoice for May. Please let me know if you have any questions.

thanks,

Irene



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
5/1/2018	226859

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0518 SECTION D-Operating Expense-Printing		Page 1 of 3	
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America		Total	\$163.95



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
5/1/2018	226858

Bill To

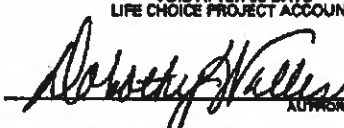
Caring to Love Ministries
Life Choice Project
Dorothy Wallis
3813 North Flannery Road
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0518		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America		Total	\$174.00

LCP CHECKING

xxxxxx6649

CARING TO LOVE MINISTRIES LIFE CHOICE PROJECT ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1134	GULF COAST BANK & TRUST CO. LOUISIANA 14-7043/2050	1145 5/3/18
PAY TO THE ORDER OF Ad America		\$ **337.95
Three Hundred Thirty-Seven and 95/100*****		DOLLARS
Ad America 18308 Wickham Rd, Ste B Olney, MD 20832		VOID AFTER 60 DAYS LIFE CHOICE PROJECT ACCOUNT  AUTHORIZED SIGNATURE
MEMO		
THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. IF HEAT IS APPLIED HERE, INK WILL DISAPPEAR. (WITH HEAT)		
⑈001145⑈ ⑆265070435⑆		

386606203452 092842 20480508 0000 33795
TRN_DEBIT CBONILL 33795 0910601717
Olney 3866 2018-05-09

PAY TO THE ORDER OF
FOR DEPOSIT ONLY
AD AMERICA
5/3/18

Amount: -337.95
Description: Check
Check Number: 1145
Posted Date: 5/9/2018
Transaction Type: History

PO# 2000 224936-0518

Page 3 of 3

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

25

P.O. # 2000 224936-0518
Section D-Operating Expenses
Office Supplies Summary

	<u>Amt Spent</u>	<u>Reimbursed</u>	<u>%</u>
<u>Restoration Pregnancy Resource Center</u>			
5/21/2018 Office Depot	207.50		
5/21/2018 Office Depot	126.49		
Total Restoration Preg. Res. Center	\$ 333.99		
LCP Reimbursement for Office Supplies		\$ 311.00	14.10%
<u>Access/Metairie (Catholic Charities)</u>			
5/15/2018 Office Depot	141.08		
Total Access/Metairie-Catholic Charities	\$ 141.08		
LCP Reimbursement for Office Supplies		\$ 141.08	6.40%
<u>A Pregnancy Center and Clinic</u>			
5/16/2018 Office Depot	792.89		
Total for A Pregnancy Center and Clinic	\$ 792.89		
LCP Reimbursement for Office Supplies		\$ 709.00	32.15%
<u>Women's Resource Ctr of Natchitoches</u>			
5/24/2018 Amazon.com	20.26		
5/24/2018 Amazon.com	348.76		
Total for Women's Res Ctr of Natchitoches	\$ 369.02		
LCP Reimbursement for Office Supplies		\$ 366.00	
<u>Care Pregnancy Clinic</u>			
5/29/2018 Amazon.com	56.36		
5/29/2018 Sam's Club	540.85		
Total Care Pregnancy Clinic	597.21		
LCP Reimbursement for Office Supplies		\$ 586.88	0.00%
<u>CPC-Gonzales Clinic</u>			
5/10/2018 Office Depot	49.26		
5/10/2018 Office Depot	15.32		
5/10/2018 Office Depot	27.46		
Total CPC-Gonzales Clinic	92.04	\$ 91.00	0.00%
GRAND TOTAL OFFICE SUPPLIES ALL CENTERS REIMBURSED	\$ 2,204.96		

Care Pregnancy Clinic
586.88 ÷
597.21 =
0.9827 *

Trallaw 56.36 ×
98.27 %
55.3850 *

540.85 ×
98.27 %
531.4933 *

0.00%

55.3900 +
531.4900 +
586.8800 *

0.00%

Office DEPOT OfficeMax®

Taking care of business

Purchase w/ Receipt

Order Number: 141578635-001
Order Placed: 05/21/2018
Status: Processing
Order Placed By: RESTORATIONHAMMOND@GMAIL.COM



Processing



Shipped



Delivered

Payment Method

Multiple Tender
1. Debit/Credit Card
(CARD-VI-5782)
*****5782
Amount: \$207.50
2. Gift Card / Reward Card
*****8820
Amount: \$6.23
Comments:

Billing Address

RESTORATION
PREGNANCY
RESOURCE
101 S SPRUCE ST
HAMMOND, LA
70403
(985) 542 - 0492

Shipping Address

RESTORATION HOUSE
RESTORATION
PREGNANCY
RESOURCE
101 S SPRUCE ST
HAMMOND, LA
70403
ACCOUNTING@RHPRC.COM

Rewards

1157567999

Item Description

Qty Price Total Reorder



HP Office Ultra White Paper, Letter Size
Paper, 20 Lb, 500 Sheets Per Ream, Case Of
10 Reams Item # 333465 Review This
Product

1 \$57.99 \$57.99 1
/carton
Reorder Price:
\$57.99 / carton



143KN3S55ZWSHJ

\$25 Off Your Minimum Purchase of \$100 or
More. Minimum Purchase Required is Before
Tax and After Discounts. Excludes all:
Technology; HP, Samsung and Epson
Products; Electronic Labelers and Labeling
Accessories. See Terms and Conditions
linkfor exclusion details. Limit 1 Offer(s) Per
Customer. Expires 06/30/2018.

1 (\$4.34) (\$4.34)



Rolodex® Distinctions™ Punched Metal And
Wood Letter Tray, Black/Pewter Item
311982 Review This Product

1 \$27.49 \$27.49 1
/each
Reorder Price:
\$27.49 / each



143KN3S55ZWSHJ

\$25 Off Your Minimum Purchase of \$100 or
More. Minimum Purchase Required is Before
Tax and After Discounts. Excludes all:
Technology; HP, Samsung and Epson
Products; Electronic Labelers and Labeling
Accessories. See Terms and Conditions
linkfor exclusion details. Limit 1 Offer(s) Per
Customer. Expires 06/30/2018.

1 (\$2.06) (\$2.06)



Neenah Astrobrights® Bright Color Paper,
Letter Size Paper, 24 Lb, FSC Certified, Terra
Green, Ream Of 500 Sheets Item # 364065
Review This Product

1 \$14.99 \$14.99 1
/ream
Reorder Price:
\$14.99 / ream

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr

Item Description	Qty	Price	Total	Reorder	
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$1.12)	(\$1.12)	
 Xerox® Vitality Colors™ Multipurpose Printer Paper, Letter Size Paper, 20 Lb, 30% Recycled, Lilac, Ream Of 500 Sheets Item # 478156 Review This Product	1	\$11.99 /ream	\$11.99	1	Reorder Price: \$11.99 /ream
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$0.90)	(\$0.90)	
 Exact® Vellum Bristol Cover Stock, 8 1/2" x 11", 67 Lb, Blue, Pack Of 250 Sheets Item # 348250 Review This Product	1	\$16.99 /pack	\$16.99	1	Reorder Price: \$16.99 / pack
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$1.27)	(\$1.27)	
 Neenah Astrobrights® 30% Recycled Bright Color Paper, Letter Size Paper, 24 Lb, FSC Certified, Re-Entry Red, Ream Of 500 Sheets Item # 420927 Review This Product	1	\$14.99 /ream	\$14.99	1	Reorder Price: \$14.99 /ream
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$1.12)	(\$1.12)	
 uni-ball® Vision™ Rollerball Pens, Micro Point, 0.5 mm, Black Barrel, Blue Ink, Pack Of 12 Item # 907318 Review This Product	2	\$22.79 /dozen	\$45.58	2	Reorder Price: \$22.79 / dozen
 143KN3S55ZWSHJ <p>\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions linkfor exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.</p>	1		(\$3.41)	(\$3.41)	

PO# 2000 224360518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr

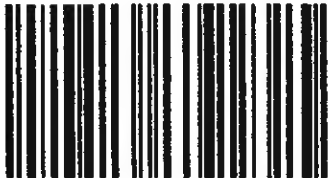
Item Description	Qty	Price	Total	Reorder
Office Depot® Brand Self-Stick Notes, 3" x 3", Yellow, 100 Sheets Per Pad, Pack Of 18 Item # 420994 Review This Product	1	\$19.99 /pack	\$19.99	1
				Reorder Price: \$19.99 / pack

COUPON

143KN3S55ZWSHJ

\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions link for exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.

1 (\$1.49) (\$1.49)



Coupons / Delivery Fee Adjustments / Other Discounts: (\$15.71)

Subtotal:	\$210.01
Delivery Fee:	\$0.00
Tax Exempt Taxes:	\$19.43
Gift/Reward Card:	(\$6.23)

Total: \$207.50

You Saved \$15.71 on this order!

Related Orders

Order number	Total	Delivery Date	Status
141578635-001	\$213.73	05/22/2018	In Process
141580211-001	\$126.49	05/22/2018	Held Dropship

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr

29

Office DEPOT OfficeMax®

Taking care of business

Order Number: 141580211-001
Order Placed: 05/21/2018
Status: Processing
Order Placed By: RESTORATIONHAMMOND@GMAIL.COM



Processing

Shipped

Delivered





Payment Method
Debit/Credit Card
(CARD-VI-5782)
*****5782
Amount: \$126.49

Billing Address
RESTORATION
PREGNANCY
RESOURCE
101 S SPRUCE ST
HAMMOND, LA
70403
(985) 542 - 0492

Shipping Address
RESTORATION HOUSE
RESTORATION
PREGNANCY
RESOURCE
101 S SPRUCE ST
HAMMOND, LA
70403
ACCOUNTING@RHPRC.
COM

Rewards
1157567999

Comments:

Item Description	Qty	Price	Total	Reorder	
 Safco® Onyx™ 5-Drawer Mesh Literature Organizer, Black Item # 890660 Review This Product	1	\$119.99 /each	\$119.99	1	<input checked="" type="checkbox"/>
					Reorder Price: \$119.99 / each
 143KN3S55ZWSHJ	1		(\$8.97)	(\$8.97)	
\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions link for exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.					
 18 18	1	\$4.29 /pack	\$4.29	1	<input checked="" type="checkbox"/>
Smead® ETS Color-Coded 2018 Year Labels, SMD67918, 1/2" x 1", Red, Pack Of 250 Item # 706530 Review This Product					
					Reorder Price: \$4.29 / pack
 143KN3S55ZWSHJ	1		(\$0.32)	(\$0.32)	
\$25 Off Your Minimum Purchase of \$100 or More. Minimum Purchase Required is Before Tax and After Discounts. Excludes all: Technology; HP, Samsung and Epson Products; Electronic Labelers and Labeling Accessories. See Terms and Conditions link for exclusion details. Limit 1 Offer(s) Per Customer. Expires 06/30/2018.					



Coupons / Delivery Fee Adjustments / Other Discounts: (\$9.29)

Subtotal: \$124.28

Delivery Fee: \$0.00

Tax Exempt Taxes: \$11.50

(See next page for total)

30

Total: \$126.49

You Saved \$9.29 on this order!

Related Orders

Order number	Total	Delivery Date	Status
141578635-001	\$213.73	05/22/2018	In Process
141580211-001	\$126.49	05/22/2018	Held Dropship

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr



**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164187	LCP CHECKING xxxxxx6649	\$311.00

Tracking ID: 164187

Total Amount: \$311.00

Created: 06/05/2018 10:40 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:40 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$311.00	XXXX176	Checking	XXXXX5459	

Addenda: Restoration Office Supp-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$311.00 for Restoration Pregnancy Resource Ctr

MAY-15-2018 12:50P FROM:ST.VINCENT

5048376235

TO:13182551259

P.1

Page 1 of 1

Office Supplies: Office Products and Office Furniture: Office Depot

ACCESS



Taking care of business

Shipment Summary

Shipment 1 Order Number: 139505421-001 Estimated Arrival By: 05/16/2018 View Order Details

Order Information

Account #: 32919702
Your Order Number is: 139505421
Company Name: CATHOLIC CHARITIES

APPRO: MICHELLE BLACK
Contact: MADELINE
Contact: KUGELMANN
Contact Phone: (504)828-2078

Shipping Information








821 ARISAVE
ACCESS CATHOLIC CHARITIES
821 ARIS AVE
METAIRIE, LA 70005-2207 USA
(Taxable)

Payment Information

Account Billing

Order Summary

Shipment 1 Order Date: 05/15/2018
Delivery Date: 05/16/2018 08:30 AM - 05:00 PM Order Number: 139505421-001

Description	Your Price/unit	Qty.	Available	B/O	Total	Comments
 HP 49A, Black Original Toner Cartridge (Q5949A) Entered Item # 776184  Eco-conscious  Recycled content	\$109.56 / each	1	1	0	\$109.56	
 Smead® Color File Folders, Letter Size, 1/3 Cut, Pink, Box Of 100 Entered Item # 284812  Diverse Supplier  Eco-conscious  Recycled content	\$18.99 / box	1	1	0	\$18.99	

Subtotal: \$128.56
Delivery Fee: FREE
Miscellaneous: \$0.00
Taxes: \$12.63
Total: \$141.08

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

<https://business.officedepot.com/checkout/confirmKouter.do>
LCP Budget to reimburse CTLM = \$141.08 for Access

5/15/2018

33



**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164189	LCP CHECKING xxxxxx6649	\$141.08

Tracking ID: 164189

Total Amount: \$141.08

Created: 06/05/2018 10:41 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:42 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$141.08	XXXXX21274	Checking	XXXXX0137	

Addenda: Access Catholic Office Supplies-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$141.08 for Access

34



SECTION D-Operating Expense-Office Supplies

Vickie Davis <vickiebdavis@gmail.com>

APCC receipt

LCP Budget to reimburse CTLM - \$709.00 Budgeted for A Pregnancy Center

Jennifer Ham <jennifer@thegospelinc.com>
 To: Vickie Davis <vickiebdavis@gmail.com>

Begin forwarded message:

From: Patrice Lewis <plewis@apcclafayette.org>
 Subject: (no subject)
 Date: June 8, 2018 at 10:10:52 AM CDT
 To: Jennifer Ham <jennifer@thegospelinc.com>

Patrice Lewis
 Executive Director
 A Pregnancy Center and Clinic
 www.apcclafayette.org (Client Site)
 www.apcclafayette.org/donors (Donor Site)
 337-232-5509

Office DEPOT
OfficeMax

LAFAYETTE - (337) 988-6503

05/16/2018 10:08 AM



22VT793P4U3Y4XEFF

SALE	101-2-9073-780190-18.5.2
348037 PAPER, COPY, OD,	
2 @ 53.99	107.98
You Pay	107.98SS
825489 FSTNR, PPR, 2", 5	
3 @ 9.39	28.17
You Pay	28.17SS
330680 ENVELOPE, #10, S	
381279 CARD, ROLDX, 2.2	11.99 SS
2 @ 3.29	6.58
You Pay	6.58SS
128844 HGHLTR, 12PK, YE	7.99 SS
738776 MRKR, DRY, 5PK, A	
3 @ 5.49	16.47
Instant Savings	7.47
You Pay	9.00SS
172610 NOTE, 3x3, 12/PK	16.99SS
Instant Savings	6.99
You Pay	10.00SS
868922 NTP, PUP, SS, 1	20.99SS
Instant Savings	10.99
You Pay	10.00SS
749601 STPL, 1/4", 6000	
4 @ 4.19	16.76
You Pay	16.76SS
869832 MRKR, EXPD2, 4PK	
2 @ 10.29	20.58
You Pay	20.58SS
581200 CHPE, CORRECTID	
2 @ 0.00	

h P black ink
 2annon black ink

You Pay		11.98
40218	CLP, PPR, #1, SMT	17.98SS
81133	PLDR, 1/3CUT, 10	6.89 SS
10013	LNK, 1252, XL, HU	7.99 SS
123814	INK, 1 CHY, BLK	71.49 SS
754064	INK, 1-41, CAND	62.99 SS
924695	SO, TRI/BLK,	35.99 SS
754117	PR-40, CAND	13.99 SS
You Pay		67.98SS
478123	PPR, CRY, 500SH,	11.99 SS
345637	PAPER, COPY, BLD	11.99 SS
364065	PPR LTR, TERRA	13.99 SS
345686	PAPER, COPY, 8.5X	11.99 SS
345652	PPR, COPY, 500SH	11.99 SS
345660	PPR, COPY, 11", V	11.99 SS
345645	PPR, COPY, 500SH	11.99 SS
675041	PAPER, COPY, ASI	13.99 SS
461963	Paper, 8.5X11, L	13.99 SS
Instant Savings		-8.81
You Pay		5.18SS
255815	PPR, LTR, CSMC O	13.99 SS
345694	PPR, COPY, 500SH	11.99 SS
544206	Paper, 8.5X11, B	11.99 SS
395679	PAPER, POLARIS,	11.99 SS
2 @ 9.99		19.98
Instant Savings		-7.98
Promotion		-2.00
You Pay		10.00SS
348037	PAPER, COPY, OD	53.99
Promotion		-53.99
You Pay		0.00SS
Subtotal:		727.42
Sales Tax:		65.47
Total:		792.89
Visa 0502:		792.86

AUTH CODE 598242

Received
 JUN 25 2018
 DCFS
 Economic Stability

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$709.00 Budgeted for A Pregnancy Center



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164191	LCP CHECKING xxxxxx6649	\$709.00

Tracking ID: 164191

Total Amount: \$709.00

Created: 06/05/2018 10:43 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:43 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$709.00	XXXX2775	Checking	XXXXX0222	

Addenda: A Pregnancy Ctr Office Supp-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$709.00 Budgeted for A Pregnancy Center

Details for Order #113-8345532-0957010

Print this page for your records.

Order Placed: May 24, 2018

Amazon.com order number: 113-8345532-0957010

Order Total: \$20.26

Not Yet Shipped

Items Ordered

Price

1 of: *Smead File Folder, 1/3-Cut Tab, Letter Size, Purple, 100 per Box (13043)* \$18.59

Sold by: 4SURE ([seller profile](#))

Condition: New

Shipping Address:

- Beverly Jean Broadway
- 261 JOHNNIE FLOYD RD
- ROBELINE, LA 71469-5013
- United States

Shipping Speed:

Standard Shipping

Payment information

Payment Method:

MasterCard | Last digits: 0229

Item(s) Subtotal: \$18.59

Shipping & Handling: \$0.00

Billing address

WRC Natchitoches

Total before tax: \$18.59

Estimated tax to be collected: \$1.67

- Beverly Broadway
- 107 NORTH ST
- NATCHITOCHES, LA 71457-3945
- United States

Grand Total: \$20.26

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$366.00 for Women's Resource Center-Natchitoches

To view the status of your order, return to [Order Summary](#).

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Details for Order #113-2796310-0745846

[Print this page for your records.](#)

Order Placed: May 24, 2018

Amazon.com order number: 113-2796310-0745846

Order Total: \$348.76

Not Yet Shipped

Items Ordered

Price

4 of: *Hammermill Paper, Laser Print Paper, 24lb, 11 x 17, Ledger, 98 Bright, 2500 Sheets/5 Ream Case, (104620C), Made In The USA* \$79.99

Sold by: Amazon.com Services, Inc.

Condition: New

Shipping Address:

- Beverly Jean Broadway
- 261 JOHNNIE FLOYD RD
- ROBELINE, LA 71469-5013
- United States

Shipping Speed:

Standard Shipping

Payment information

Payment Method:

MasterCard | Last digits: 0229

Item(s) Subtotal: \$319.96

Shipping & Handling: \$0.00

Billing address

PO# 2000 284936-0518 *W.R.C. Natchitoches*

Total before tax: \$319.96

Estimated tax to be collected: \$28.80

- Beverly Broadway
- SECTION 10706 Operating Expense-Office Supplies

LCP Budget to reimburse \$366.00 for Women's Resource Center-Natchitoches

- **Grand Total: \$348.76**
- NATCHITOCHEES, LA 71457-3945
- United States

To view the status of your order, return to [Order Summary](#).

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PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$366.00 for Women's Resource Center-Natchitoches



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164192	LCP CHECKING xxxxxx6649	\$366.00

Tracking ID: 164192

Total Amount: \$366.00

Created: 06/05/2018 10:44 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:44 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$366.00	XXXX078	Checking	XXXXX2949	

Addenda: Women's Resource Office Supp-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$366.00 for Women's Resource Center-Natchitoches



Care Pregnancy Clinic

Details for Order #114-1091928-8078669

Print this page for your records.

Order Placed: May 29, 2018
Amazon.com order number: 114-1091928-8078669
Order Total: \$56.36
Supporting: Care Pregnancy Clinic

not an
Office
Supply
-56.36

Not Yet Shipped

Items Ordered

1 of: *LA Linen Table Skirt Clip, Fits Up to 3.5-Inch Table, Pack 50*
Sold by: Amazon.com Services, Inc.

Price
\$43.94

Condition: New

Shipping Address:

Dorothy Wallis
3813 N FLANNERY RD
BATON ROUGE, LA 70814-8002
United States

Shipping Speed:

Standard Shipping

Payment Information

Payment Method:

Visa | Last digits: 9391

Item(s) Subtotal: \$43.94
Shipping & Handling: \$7.30

Billing address

Dorothy Wallis
3813 N FLANNERY RD
BATON ROUGE, LA 70814-8002
United States

Total before tax: \$51.24
Estimated tax to be collected: \$5.12

Grand Total: \$56.36

To view the status of your order, return to [Order Summary](#).

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PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$586.88 for Care Pregnancy Clinic



Care Pregnancy Clinic

Thank you, your order is complete

A copy of your receipt has been sent to your email address

Items you have already paid for:

Order Date: May 29, 2018		Order Number: 1534850874	
Items we're shipping to you			
Delivery Address: Dorothy Wallis 3813 N Flannery Rd Baton Rouge, LA 70814			
ITEMS TO BE SHIPPED	SHIPPING METHOD	QTY	TOTAL
Avery 5286 - File Folder Labels, Laser or Inkjet, Assorted Colors - 750 Labels (P) Item #: 363938	Arrives by Jun 04	4	\$71.92
Wausau - Exact Index Card Stock, 110lb, White - 250 Sheets Item #: 352541	Arrives by Jun 04	4	\$35.92
HP 882XL 3-PK C/M/Y CMY INK CARTRIDGES Item #: 15903	Arrives by Jun 04	1	\$89.98
Member's Mark Multipurpose Copy Paper, 20 lb., 32 Bright, 8.5 x 11" - 40 Ream Case Item #: 665123	Arrives by Jun 04	2	\$57.96
Smead® Single Digit End Tab Labels, Color 0-9 Assortment, 800/Roll, 8000 Labels Item #: 137719	Arrives by Jun 04	2	\$149.96
HP 882XL 2-PK BLACK INK CARTRIDGE Item #: 15884	Arrives by Jun 04	1	\$76.98
Accontra PaperPro - Standard Staples - 5,000 Count Item #: 546481	Arrives by Jun 04	2	\$8.96
Billing Address: Dorothy Wallis 3813 N Flannery Rd Baton Rouge, LA 70814		Payment Method: VISA : 3000-3000-3000-9391	Subtotal: \$491.68 Shipping: \$0.00 Tax: \$49.17 Shipped Order Total: \$540.85

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$586.88 for Care Pregnancy Clinic

Have Questions? One of our associates will be happy to help you. Call us at 1-888-748-7726.[Leave Feedback](#)

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PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$586.88 for Care Pregnancy Clinic

https://www.samsclub.com/sams/checkout/orderreceipt/order_receipt_print.jsp

5/29/2018

44



**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164186	LCP CHECKING xxxxxx6649	\$586.88

Tracking ID: 164186

Total Amount: \$586.88

Created: 06/05/2018 10:39 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:39 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$586.88	XXXX6569	Checking	XXXXX0153	

Addenda: CPC-Office Supplies May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$586.88 for Care Pregnancy Clinic

45

CPC-Gonzales

Office DEPOT OfficeMax

GONZALES - (225) 647-3800

05/10/2018 10:09 AM



22VTQ33P3R34XEX4F

SALE 697-4-632-895481-18.4.2
781692 INK,950XL,BLAC 44.99SS
You Pay 44.99SS
645719 HEADPHONE,BUDS 4.99
Promotion -4.99
You Pay 0.00SS
Subtotal: 44.99
Sales Tax: 4.27
Total: 49.26
Debit Card 3486: 49.26

TDS Swiped

LARRY D DYESS APLC 1268070131
Get 2% back in rewards on your
favorite supplies & more - including
furniture and technology. Plus,
next-day rewards on select offers,
rewards for recycling and more
Visit officedepot.com/rewards

Total Savings:
\$4.99

Office DEPOT OfficeMax

GONZALES - (225) 647-3800

05/10/2018 11:33 AM



22VTQ33PYR348EX4F

SALE 697-4-659-895481-18.4.2
255815 PPR,LTR/CSND 13.99SS
Subtotal: 13.99
Sales Tax: 1.33
Total: 15.32
VISA 3486 15.32

AUTH CODE 123344
TDS Swiped

Shop online at www.officedepot.com

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Participate in our online customer
survey and receive a coupon for
\$10 off your next qualifying
purchase of \$50 or more on
office supplies, furniture and more.
(Excludes Technology. Limit 1 coupon per
household/business.)

www.TellOfficeDepot.com
and enter the survey code below:
154W HDTA 1RKF

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$91.00 for Care Pregnancy Clinic-Gonzales

46

5/10/2018

Order Confirmation #137431571-001 - Rodrigue, Jessica D.

Order Confirmation #137431571-001

CPC - Gonzalez

OfficeDepotOrders@officedepot.com

Thu 5/10/2018 11:47 AM

PO# 2000 224936-0518

To: Rodrigue, Jessica D. <jrod19@lsuhsc.edu>; SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$91.00 for CPC-Gonzales

EXTERNAL EMAIL: EVALUATE

Office DEPOT
OfficeMax
Taking care of business

Call Us: [800-GO-DEPOT](tel:800-GO-DEPOT) (800-463-3768)
Text Us: [904-853-3768](tel:904-853-3768)

Order Confirmation

Thank you for shopping with us.

We are processing your order and will send you an email notification when it ships.




Please note that due to product availability or size, items ordered together may not be shipped together.

For your reference, below is a summary of your order:

Expected delivery date: 05/11/2018 8:30 AM - 5:00 PM

Order Number:	137431571-001	Status:	In Process
Order Date:	05/10/2018	Tracking:	N/A
Customer Name:	MICHELLE DYESS	Shipping to:	MICHELLE DYESS 12238 LEBLANC LN
Account #:	04615071		
Payment info:	Visa, last 4 digits: 3486		WALKER, LA 70785-5740
Comments:		Delivery Method:	Standard Shipping

Office Depot® | OfficeMax® Rewards :5666101364

ITEM DESCRIPTION	QTY	AVAILABLE	B/O Qty	UNIT PRICE	UM	EXTENDED PRICE
Smead® Color File Folders, Letter Size, 1/3 Cut, Purple, Box Of 100 (572750)	1	1	0	\$19.990	box	\$19.99
Diverse Supplier   						
20% Off One Qualifying Item. (94140557)	1	1	0	\$(4.000)		\$(4.00)



LEGEND

QTY: Original Quantity Ordered
AVAILABLE: Ordered Quantity - Backorder Quantity
B/O Qty: Backorder Quantity
UNIT PRICE: Price per Individual Unit
UM: Unit of Measure
EXTENDED PRICE: Ordered Quantity x Unit Price

Subtotal: 19.99
Tax: 1.52
Delivery Fee: 9.95
Misc.: (4.00)

Total: \$27.46

47



**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164193	LCP CHECKING xxxxxx6649	\$91.00

Tracking ID: 164193

Total Amount: \$91.00

Created: 06/05/2018 10:45 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:46 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$91.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC Gonzales Office Supp-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$91.00 for Care Pregnancy Clinic-Gonzales

DE LAGE LANDEN FINANCIAL SERVICES, INC. Invoice 59280264 Due
06/15/2018

invoicedelivery@payerexpress.com

Mon 5/21/2018 11:07 AM

To:luv luv <luv@ctlm.org>;

📎 1 attachments (45 KB)

44723951.PDF;

Dear Customer,

Attached is your DE LAGE LANDEN FINANCIAL SERVICES, INC. Invoice 59280264 which is due on 06/15/2018. Please print and detach the remittance section of your invoice, and include it with your payment to ensure quick and accurate application.

Visit us at www.lesseedirect.com to:

- Make a one-time payment
- Set up recurring direct debit
- Enroll in email invoicing
- View and print invoices and contract copies
- Update your address information
- Contact Customer Service

Thank You,
Customer Care Department



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 59280264
Due Date: 06/15/2018
Due This Period: \$555.75

Amount Enclosed: \$ _____

Please make check payable to:

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



2100000592802640000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25427116
Invoice Number: 59280264
Account Number: 854059
Site Number: 3951293
Invoice Date: 05/20/2018
Period of Performance: 05/15/2018-06/14/2018
Due This Period: \$555.75

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFK69491		TOSHIBA / ES3505AC	25427116_1				\$284.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	DRL28209		CANON / IR1025IF	25427116_3				\$27.75	\$2.78	\$30.53
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	HHP09662		CANON / IRA4035	25427116_2				\$156.58	\$15.88	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
Asset Amount Total:										\$528.99

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

50

Contact Us

Customer Service



800-736-0220



customercarecenter@leasedirect.com

- Questions regarding your contract terms
- Balance Inquiry
- Questions regarding Insurance
- General Questions regarding your bill

Address Changes & Invoice Delivery



addressupdates@leasedirect.com

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453

*Please provide your contract number

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. **Please remit payments at least 5 days prior to due date. Please record your Invoice number on the check.**

For account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com

Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. **DOCUMENTATION/ORIGINATION FEE** – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. **INTERIM PAYMENT** – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. **INSURANCE CHARGE** – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. **PAYMENT** – Amount due each billing period in accordance with the terms of the contract.
5. **LATE FEE** – Assessed when a payment is not received by its due date, as provided by the contract.
6. **FINANCE CHARGE** – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. **PROPERTY TAX** – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. **RETURNED CHECK FEE** – Assessed each time a check is returned for any reason.
9. **CUSTOMER SERVICE FEE** – Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
10. **ACCOUNT SUMMARY** – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. **TAX OR LESSOR SURCHARGE** – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	5/22/2018
Payment Method	CTLM Operating WHITNEY BANK *****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Tuesday, May 22, 2018 12:00 PM ET will be posted on Tuesday, May 22, 2018. Payments confirmed after Tuesday, May 22, 2018 12:00 PM ET will be posted on Wednesday, May 23, 2018.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation #	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3106562093	854059-3951293	5/20/2018	59280264	6/15/2018	\$555.75	\$555.75

PO# 2000 224936-0518

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page 1 of 4
Account Number 171-800-0934 001
Billing Date May 18, 2018
Questions? 1 800 358-1111
Web Site att.com
Invoice 4491441401
AT&T Tax ID 13-4924710

Invoice

Bill - At - A - Glance

Previous Bill	721.03
Payment - Thank You!	721.03CR
Adjustments	.00
Balance	.00
Current Charges	691.50
Total Amount Due	\$691.50
Payment Due Date	Jun 18, 2018

Pd by Visa ... 9391 5/18/18

Billing Summary

Questions? 1 800 358-1111
Call: 1 800 358-1111
Online: www.businessdirect.att.com

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	656.96
Sub-Account #831-000-6867 906	34.54
Total Group #000001	691.50
Total Current Charges	691.50

Current Charges

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	
Fiber Broadband	
Recurring Charges:	
May 18, 2018 thru May 18, 2018	
1. Fiber Broadband Bundle 10M/23CC	587.50
ABN Fiber Broadband Discount 662.50CR	
Total Fiber Broadband	587.50
Surcharges and Other Fees	
2. Universal Connectivity Charge - Interstate	22.76
3. Administrative Expense Fee - Interstate	1.53
4. Property Tax Allotment - Interstate	4.21
5. Federal Regulatory Fee - Interstate	5.89
6. Federal Access Recovery Fee	8.85
7. LA UNIVERSAL SERVICE FEE	3.48
Total Surcharges and Other Fees	48.50

Group #000001 3813 Flannery Rd Baton Rouge - Continued

Taxes	
State:	
8. LA/LOUISIANA	22.96
Total Taxes	22.96
Total Sub-Account #829-000-2551 191	656.96
Sub-Account #831-000-6867 906	
Charges for Subscriber/Router ID 0000628461	
3813 N FLANNERY RD	
BATON ROUGE, LA 70814	
Voice Over IP	
One Time Charges:	
9. International OffNet Charge	.03
Qty: 50 Items	
Total Voice Over IP	.03
Surcharges and Other Fees	
10. Universal Connectivity Charge - Interstate	.01
Total Surcharges and Other Fees	.01
Taxes	
County:	
11. LA/LOCAL 911 CHARGE	34.50
Total Taxes	34.50
Total Subscriber/Router ID 0000628461	34.54
Total Sub-Account #831-000-6867 906	34.54
Total Group #000001	691.50

Total Current Charges 691.50

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your

Return bottom portion with your check in the enclosed envelope.

DUE BY: Jun 18, 2018 \$691.50



Billing Date May 18, 2018

Account Number 171-800-0934 001
Please include your account number on your check

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Make checks payable to:

AT&T
P.O. Box 5019
Carol Stream, IL 60197-5019

PO# 2000 224936-0518

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTI-M 0495.00 171-800-0934 001 41401088200000006915000000691500



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CARING TO LOVE MINISTRIES
INC.
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page 2 of 4
Account Number 171-800-0934 001
Billing Date May 19, 2018
Questions? 1 800 358-1111
Web Site att.com

News You Can Use

News You Can Use

ACCOUNT STATUS - Continued payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/service/library/business/ext/state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

Attention Customers:

Having trouble using the telephone? Phone your family, friends or vital services even if you have a hearing, speech or physical disability. Telecommunications Relay Service (TRS) provides free and full telephone accessibility to anyone who is hard of hearing, deaf or speech disabled. To make a relay call, dial 711 and request to be connected through TCA.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service.

Additional terms, conditions, charges, penalties, and price change information for all detariffed business services can be viewed at <http://www.att.com/serviceguide/business>. If you do not have access to

News You Can Use

REGULATORY NEWS - Continued

the Internet, please contact your AT&T Sales Representative or Customer Care Center for information.

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the following states: Alabama, Arizona, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington.

Connecticut Customers only: You may experience disconnection of your basic local service for the non-payment of Dial Tone and Directory Listing charges on your bill.

Attention Louisiana Customers:

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

Attention Valued AT&T Customers:

If your invoice includes any back-billed charges, you have the right to pay these charges in full with your regular bill, or to call AT&T to make reasonable payment arrangements. You may choose to pay the back-billed amount in monthly installments equal to the number of back-billed months. Please take note that you must pay the full amount of your phone bill each month, including installments to repay back-billed charges, in order to avoid possible disconnection and other charges and penalties. If you are interested in using this payment method for any back-billed amount, please call AT&T on the toll-free number located on your bill.

DO NOT CALL

If your business makes outbound telephone solicitations, you must comply with federal do-not-call laws and regulations (47 C.F.R. 64.1200 and 18 C.F.R. 310) and any applicable state laws.

Attention Louisiana, New Mexico, Indiana, Montana, Connecticut, Washington and Virginia Customers:

Basic local service and other regulated services will not be disconnected for the non-payment of charges for non-regulated services. Non-regulated charges include Wireless, DSL, Internet Access, inside wire maintenance plan and other fees, surcharges, and taxes.

From time to time, AT&T may change the names of services, Service Capabilities, or Service Components, or other terminology. The old terminology may remain in use for some time after such changes (such as in contract documents and billing records). For example, your customer bill and other customer documents may refer to Private Lines Service (PLS) as Accunet, and may refer to DS0 service as Accunet Spectrum of Digital Services (ASDS) or Single Channel Service. Should you have any questions about the service name appearing on your bill, please refer to the "Table of Changed Terminology" located in the AT&T Service Guides and applicable state tariffs.

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PO# 2000 224936-0518

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

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CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page	3 of 4
Account Number	171-800-0934 001
Billing Date	May 19, 2018
Questions?	1 800 358-1111
Web Site	att.com

News You Can Use

News You Can Use

REGULATORY NEWS - Continued Attention Valued AT&T Customers:

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of your non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the following states of: Alabama, Arizona, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington, and the District of Columbia.

Attention Customers:

If you do not pay your bill by the date it is due, AT&T may assess a late payment charge. The rate shall be 1.5% per month (18% annually) unless an applicable law or regulation specifies a lower rate to be charged, and then that lower rate shall apply. Alternatively, a minimum late payment charge of \$5.00 may be assessed if permitted by applicable law or regulation. In Maine, the monthly rate for 2017 is 0.99%. In Massachusetts, the monthly rate for 2017 is 0.83%, effective 2/1/2017.

Attention Customers with Service in All States, Except AK, IN, NY, PA, TX and VA:

AT&T intrastate, interstate, and international services are provided by AT&T Corp. To view service publications, go to <http://www.att.com/servicepublications> and click on Service Guides and/or Tariffs.

Thank You For Choosing AT&T Where Every Customer Counts!

PO# 2000 224936-0518

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

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CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page	4 of 4
Account Number	171-800-0934 001
Billing Date	May 19, 2018
Questions?	1 800 358-1111
Web Site	att.com

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PO# 2000 224936-0518

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



ickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: ds565d@att.com
To: vickiebdavis@gmail.com
Sent: May 31, 2018 11:48:21 AM PDT
Subject: RE: I need to make a payment on our ATT Business Account asap

Make a Payment

Account: **1718000934001**
Bill Name: **CARING TO LOVE MINISTRIES**

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...9391 Dorothy Wallis ...9391 Exp. 12/2019	5VL7CSR1P05X0QD	05/31/18	\$691.50

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
4491441401	691.50	691.50	691.50

Sincerely,

Sam Sandness
AT&T Escalation Team

AT&T Services, Inc.
101 Marquette Ave. S., Suite 800
Minneapolis, MN 55402
66-502-9421/ds565d@att.com

This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, attention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited.

From: Vickie Davis [mailto:vickiebdavis@gmail.com]
Sent: Thursday, May 31, 2018 10:54 AM
To: MWSE PCG Collections <G45809@att.com>
Subject: Fwd: I need to make a payment on our ATT Business Account asap

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

I am the accountant from Caring to Love Ministries. Our Account # is 171-800-0934-001. I need to pay our Invoice # 4491441401 dated

57

Bill #2627046

Generated: 20 May 2018



Print



Email

PAID

Infinity Box Inc.
3050 South Delaware Street
San Mateo, CA 94403
United States

Billed to:
Dorothy H Wallis
3813 N. Flannery Road
Baton Rouge 70814
United States

Quantity	Description	Item Price	Total
1	Wufoo subscription from 2018-05-20 to 2018-06-20.	\$17.00	\$17.00

AMOUNT PAID : \$17.00

CREDIT CARD BILLED : ** * 0848 TRANSACTION ID : 2889314**

Please keep a copy of this bill for your records and for future reference.

To upgrade, downgrade or change your billing information visit:
<http://ctlm.wufoo.com/account/>.

Please send billing questions to billing@wufoo.com
and technical support questions to support@wufoo.com

Thank you for your business and thanks for using Wufoo!

The Wufoo Team

PO# 2000 224936-0518

Section D-Operating Expense-Website

*****Paid by Credit Card \$17.00 Wufoo.com *****

Sources for Women
A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

Invoice No. 5/31/2018
P.O.# 2000 224936

INVOICE

Customer

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 5/31/2018

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

SubTotal \$ 875.00

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

TOTAL \$ 875.00

Office Use Only

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164182	LCP CHECKING xxxxxx6649	\$875.00

Tracking ID: 164182

Total Amount: \$875.00

Created: 06/05/2018 10:37 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: KNOW FOR SURE

Authorized: 06/05/2018 10:38 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 6/5/2018

ACH Header: CARING TO LOVE M

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

Addenda: SFW May 2018

APPROVAL(S):

1 DOROTHY WALLIS

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

PO# 2000 224936

SECTION F

PROFESSIONAL

		0.00
		0.00
5/31	VD	2,200.00
5/31	GB	1,200.00
5/31	RR	700.00
5/31	KB	487.50
5/31	TK	250.00
5/31	MC	875.00
5/31	JA	800.00
5/31	SG	250.00
5/31	MT	250.00
5/31	MT	100.00
5/31	MD	500.00
5/31	EL	150.00
5/31	AF	150.00
		7,912.50 *
		0.00

Direct Mailing Services, Inc.

16959 Highland Club Ave
Baton Rouge, LA 70817

Invoice

Date	Invoice #
5/31/2018	584

Bill To
Life Choice Project CTL 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-May 2018	2,200.00	2,200.00
PO# 2000 224936-0518 Section F-Professional-Accounting Svc			
ACH = \$2200.00			
Thank you for the opportunity to serve you!		Total	\$2,200.00

62

PO # 2000 224936-0518

Section F-Professional-Accounting Svc

ACH = \$2200.00

Life Choice Project
Caring To Love Ministries
PO # 2000 224936-0118
May 2018

Detailed Description for Professional: Accounting Services

Direct Mailing Services (Vickie Davis)

\$ 2,200.00

<u>Date</u>	<u>Hours</u>	<u>Description</u>
5/1/2018	8.5	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due
5/4/2018	9	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,
5/8-4/13/18	17	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontrators Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget
5/16/2018	8.5	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month
5/21/2018	7	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services
5/24/2018	8	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Compare LCP expenditures to Budget
5/28/2018	8	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank
<u>66</u>		<u>Total Hours Worked</u>



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164196	LCP CHECKING xxxxxx6649	\$2,200.00

Tracking ID: 164196

Total Amount: \$2,200.00

Created: 06/05/2018 10:46 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:47 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

Addenda: Direct Mailing-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

Section F-Professional-Accounting Svc

ACH = \$2200.00

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Resources for Communities

Garcia Bodley
P.O. Box 73215
Baton Rouge, LA 70874
Phone: (225) 328-1965

Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814
(225) 273-1124

INVOICE

Invoice #: 2018-0500

For: Services: May, 2018

Location: Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
5/3; 5/8	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
5/1; 5/12; 5/15; 5/20; 5/27	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	4		
5/11; 5/18; 5/30	Newletter	4		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	3		
5/28; 5/31	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		16	\$ 75.00	\$1,200.00

PO# 2000 224936-0518 Section F-Professional-Performance Improvement Coord

ACH = \$1200.00

65



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164199	LCP CHECKING xxxxxx6649	\$1,200.00

Tracking ID: 164199	Total Amount: \$1,200.00
Created: 06/05/2018 10:48 AM	Total Payments: 1
Created By: DOROTHY WALLIS	From: LCP CHECKING xxxxxx6649
Authorized: 06/05/2018 10:48 AM	ACH Class Code: CCD
Authorized By: DOROTHY WALLIS	ACH Header: CARING TO LOVE M
Will process On: 6/5/2018	
Effective: 6/6/2018	

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,200.00	XXXXX07195	Checking	XXXXX0090	

Addenda: Women's Resources 4 Comm-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518 Section F-Professional-Performance Improvement Coord

ACH = \$1200.00

66

Randy Rice and Associates

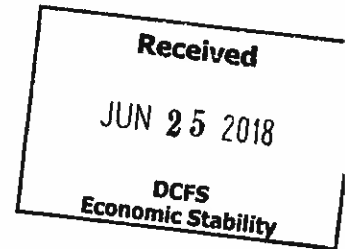
8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451



Invoice

DATE	INVOICE #
5/31/2018	14008

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814



DESCRIPTION	AMOUNT
May PR Invoice Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour 4-Gathering of ratings for Radio and/or Television for each station 5-4-18 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 5-4-18 3.0-Negotiation of rates for each of the Radio and/or Television Stations 5-5-18 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 5-5-18 2-Audit of all invoices from each station to ensure that all spots ran as ordered 5-14-18 1.5-Send discrepancy notices for all spots not ran correctly 5-14-18 1-Issuance of credit in the event spots ran incorrectly 5-14-18 1-Arrange for Deliverables 5-14-18 1.5-Processing and delivery of Deliverables 5-14-18 PO# 2000 224936-0518 Section F Professional-Public Relations ACH = \$700.00	700.00
Thank you for your business.	Total \$700.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164200	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 164200

Total Amount: \$700.00

Created: 06/05/2018 10:49 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:49 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda: Randy Rice Public Relations-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518 Section F Professional-Public Relations

ACH = \$700.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164203	LCP CHECKING xxxxxx6649	\$487.50

Tracking ID: 164203

Total Amount: \$487.50

Created: 06/05/2018 10:50 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/05/2018 10:50 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/5/2018

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$487.50	XXXXX8948	Checking	XXXXX0171	

Addenda: Kathleen Benfield-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518 Section F-Professional-Webmaster

ACH = 487.50

Invoice #10030027 from Turn Key Solutions, LLC

Kim McPherson <kimm@tks.la>

Fri 4/6/2018 12:42 PM

To: Dorothy Wallis <dwallis@ctlm.org>;

Cc: luv luv <luv@ctlm.org>; VickieBDavis@gmail.com <VickieBDavis@gmail.com>;

1 attachment (34 KB)

10030027.pdf;

Dear Dorothy Wallis:

Thank you very much for your business! Your invoice is attached in Adobe PDF format.

ATTENTION:

We're excited to be using Bill & Pay, a secure online invoice and delivery system. This free service saves you time and postage.

(Invoices may take up to 24 hours to post to bill pay site)

Click below to make a payment via ACH check or Credit Card.

<https://www.billandpay.com/go/tks>

It is very important to us that we provide you with a REMARKABLE experience when you do business with us. To that end, can you please take a moment and answer 6 short questions about how we're doing, and how you'd like us to serve you better?

This brief, single-page survey is right here: <http://www.surveymonkey.com/s/M2RQKDZ>

Thank you!

Please remit payment at your earliest convenience.

Again, ***Thank you for your business - we appreciate you very much.***

Sincerely,

Turn Key Solutions, LLC

(225) 751-4444

<http://www.turnkeysol.com>

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444

LCP Budget to reimburse CTLM = \$250.00 for Turn Key



Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
05/01/2018	10030027

Terms	Due Date	PO Number	Reference
Net 30 days	05/31/2018		Monthly Billing for May
<p>PLAN TYPE DESIGNATION: "PRIME FIXED FEE" SEATS INCLUDED: 8 HELPDESK INCLUDED FOR: ALL OFFICE STAFF</p> <p>PRIMARY components of your selected support plan:</p> <ul style="list-style-type: none"> * The full TKS Partner Pulse Process * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about. * Network Security & Risk Assessment Scheduled regularly throughout the year * TKS' Gold Standard Implementation at no extra cost * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems * Offsite monitoring and log review of your firewall * 24 x 7 monitoring of your system <p>STRATEGY, VCIO, AND STANDARDS:</p> <ul style="list-style-type: none"> * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring * Full suite of reports delivered daily, weekly, and monthly to keep you informed <p>DISASTER RECOVERY:</p> <ul style="list-style-type: none"> * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective) * Remote support to restore service is included and not billable * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount). <p>REMOTE HELP DESK:</p> <ul style="list-style-type: none"> * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT. * Unlimited remote Server Administration, User Account Management * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved. * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them. <p>ONSITE SERVICES:</p> <ul style="list-style-type: none"> * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately. * Onsite support and other services are billed separately, at 75% of regular rates (25% discount). <p>PROJECTS (MOVES/ADDS/CHANGES):</p> <ul style="list-style-type: none"> * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability. * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS. * All other project work is billed separately, at 75% of regular rates (25% discount). <p>CLOUD & MOBILITY SERVICES:</p> <ul style="list-style-type: none"> * Not included, available separately 			

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use https://www.billandpay.com/go/tks Thank you!	Invoice Subtotal:	1,101.04
	Sales Tax:	109.82
	Invoice Total:	1,210.86

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

LCP Budget to reimburse CTLM = \$250.00 for Turn Key

Payment Receipt			
TurnKey Solutions, LLC			
11911 Justice Ave			
Baton Rouge, LA 70816			
225-751-4444			
ar@turnkeysol.com			
<hr/>			
Date: 05/10/2018			
Confirmation Code: 1830185-6861-1952925197			
Customer: Caring To Love Ministries			
Amount: \$1,210.86			
Name On Account: Dorothy H. Wallace			
Account: Credit Card *****0848			
<hr/>			
Item	Date Created	Due Date	Amount Paid
			\$1,210.86

73

MICHAEL R. CHOATE, CPA APC

2915 S. Sherwood Forest Blvd., Suite B
Baton Rouge, LA 70816

Invoice

Date	Invoice #
5/10/2018	44620

Bill To
Caring to Love Ministries, Inc. Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
PROGRESS BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2018	875.00
Section F Professional-Auditor Services-Michael Choate, CPA	
LCP Budget to reimburse CTLM = \$875.00	
DUE UPON RECEIPT.	Total \$875.00

CP CHECKING

xxxxx6649

ORIGINAL DOCUMENT TYPE: CASH, CHECK, CREDIT CARD, DEBIT CARD, MONEY ORDER, PAPER WITH MICR PRINTED OR BORDEN		1144	
CARING TO LOVE MINISTRIES LIFE CHOICE PROJECT ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		GULF COAST BANK & TRUST CO. LOUISIANA 14-7043/2850 5/3/18	
PAY TO THE ORDER OF Michael Choate, CPA APC		\$ **875.00	
Eight Hundred Seventy-Five and 00/100*****		DOLLARS	
Michael Choate, CPA APC 2915 S Sherwood Forest Blvd, Ste B Baton Rouge, LA 70816		VOID AFTER 60 DAYS LIFE CHOICE PROJECT ACCOUNT <i>Michael Choate</i> AUTHORIZED SIGNATURE	
MEMO Progress Billing 6/30/18 audit			
000114.00 265070435			

Capital One, N.A. Richmond VA 065000090

43132OGT8150420180507000078201216

For Deposit Only
Michael R. Choute & Co., CPAs
Capital One Bank

0910540269
2018-05-08

>065000090<
CAPITAL ONE, NA
0061853604 05072018
RICHMOND, VA 174 21
Deposit

Amount: -875.00

Description: Check

Check Number: 1144

Posted Date: 5/8/2018

Transaction Type: History Section F Professional-Auditor Services-Michael Choate, CPA

LCP Budget to reimburse CTLM = \$875.00

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

J HAM ENTERPRISES, INC.

INVOICE

Date: May 31, 2018

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270

Description

Pregnancy Help Center Consulting
May 31, 2018
27 hours @ \$30.00 per hour

Amount Due:

~~\$~~800.00

Summary description of activities by category:

Hours	Activity
3	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
6	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164207	LCP CHECKING xxxxxx6649	\$800.00

Tracking ID: 164207

Total Amount: \$800.00

Created: 06/05/2018 10:51 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: J HAM & Associates

Authorized: 06/05/2018 10:51 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 6/5/2018

ACH Header: CARING TO LOVE M

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$800.00	XXXX0613	Checking	XXXXX2758	

Addenda: JHam-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

INVOICE

Date: May 31, 2018

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Sanaretha Gray
P. O. Box 413
Prairieville, LA 70769

Description

Pregnancy Help Center Consulting
May 2018
25 hours @ \$10.00 per hour

Amount due:

\$250.00

Summary description of activities by category:

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167969	LCP CHECKING xxxxxx6649	\$250.00

Tracking ID: 167969

Total Amount: \$250.00

Created: 06/10/2018 7:07 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Sanaretha Gray

Authorized: 06/10/2018 7:08 PM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 6/11/2018

ACH Header: CARING TO LOVE M

Effective: 6/12/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	

Addenda: S Gray-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518 Section F-Professional-Prof Tech Svc.

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

INVOICE

Date: May 20, 2018

Attention: Dorothy Wallis

Bill to:
Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:
Name: Margaret Thompson
Address

Description
Verification and technical assistance
May 2018
10 hours @ \$25.00 per hour

Amount due:
\$250.00

Summary description of activities by category:

Hours	Activity
10	Preparation, Completion, & Submission of Compliance Documents and Verification of Billing forms



HANCOCK WHITNEY

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

Transactions Details

Posting Date	05/29/2018
Transaction Date	05/29/2018
Description	TELLER CASHED DEBIT 0000017951
Transaction Type	Debit
T/C	0040
Amount	\$250.00
Balance	\$5,988.68

Front

Back

ORIGINAL DOCUMENT PRINTED ON HIGH QUALITY PAPER WITH A METAL CLIPPING PROTECTED BORDER

CARING TO LOVE MINISTRIES
 OPERATING ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (828) 273-1124

WHITNEY BATON ROUGE, LOUISIANA

84-15,654

5/22/18

17951

PAY TO THE ORDER OF Margaret Thompson \$ **250.00

Two Hundred Fifty and 00/100***** DOLLARS

Margaret Thompson

VOID AFTER 60 DAYS
 OPERATING ACCOUNT

MEMO Professional/Technical services for LCP - May 2018

AUTHORIZED SIGNATURE

017951 065400153

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

INVOICE

Date: May 31, 2018

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Name: Margaret Thompson
Address

Description

Verification and technical assistance
May 2018
4 hours @ \$25.00 per hour

Amount due:

\$100.00

Summary description of activities by category:

Hours	Activity
4	Preparation, Completion, & Submission of Compliance Documents and Verification of Billing forms



HANCOCK WHITNEY

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

Transactions Details

Posting Date	06/06/2018
Transaction Date	06/06/2018
Description	TELLER CASHED DEBIT 0000017966
Transaction Type	Debit
T/C	0040
Amount	\$100.00
Balance	\$3,323.31

Front Back

ORIGINAL DOCUMENT (PRINTED ON CHEMICAL INK) IS ACTIVE PAPER WITH MICROPRINTED SECURITY

CARING TO LOVE MINISTRIES
OPERATING ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (225) 273-1124

WHITNEY BATON ROUGE, LOUISIANA
 84-15/634
 6/5/18 **17966**

PAY TO THE ORDER OF Margaret B Thompson \$**100.00

One Hundred and 00/100*****

Margaret B Thompson
 383 Rivercrest Ave
 Baton Rouge, LA 70807

VOID AFTER 60 DAYS
 OPERATING ACCOUNT

Margaret B Thompson
 AUTHORIZED SIGNATURE

MEMO
 Verification for LCP-May 2018

⑈017966⑈ ⑆065400153⑆

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

INVOICE

Date: May 30, 2018

Attention: Dorothy Wallis

Bill to:
Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:
Michelle Dyess
12238 Leblanc Ln
Walker, LA 70785

Description
Pregnancy Help Center Consulting
May 2018

Amount due:
\$500.00

10 hours @ \$25 per hour

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge and Restoration PRC. <ul style="list-style-type: none">- Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
8	Verification of billing for including but not limited to Care Pregnancy Center & Clinic of Gonzales, Access Pregnancy & Referral Center/Metairie, Restoration Pregnancy Resource Center Women's Resource Center, Pregnancy Clinic of Baton Rouge and Gonzales
2	Preparation, completion, & Submission of Compliance Documents
2	Preparation, completion & Submission of Verification Documents

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164209	LCP CHECKING xxxxxx6649	\$500.00

Tracking ID: 164209

Total Amount: \$500.00

Created: 06/05/2018 10:52 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Michelle Dyess

Authorized: 06/05/2018 10:53 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 6/5/2018

ACH Header: CARING TO LOVE M

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle.Dyess	MDyess	\$500.00	XXXX2093	Checking	XXXXX0153	

Addenda: M Dyess-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

INVOICE

Date: May 31th, 2018

Attention: Dorothy Wallis

Bill to:
Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:
Emily Ilgenfritz
4605 S Saratoga St.
New Orleans, LA 70115

Description
Pregnancy Help Center Consulting
May 2018
10 hours @ \$15.00 per hour

Amount due:
\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167970	LCP CHECKING xxxxxx6649	\$150.00

Tracking ID: 167970

Total Amount: \$150.00

Created: 06/10/2018 7:09 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Emily Ilgenfritz

Authorized: 06/10/2018 7:09 PM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 6/11/2018

ACH Header: CARING TO LOVE M

Effective: 6/12/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

Addenda: E Ilgenfritz-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200

INVOICE

Date: May 31, 2018

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Alexis Farrugia
416 Shrewsbury Ct.
Jefferson, LA 70121

Description Amount due:

Pregnancy Help Center Consulting \$150.00

May 2018

6 hours @ \$25.00 per hour

Summary description of activities by category:

Hours	Activity
0	Review and verification of Clinic billing packets, compilation of error report
2	Compliance visits to ACCESS Pregnancy Center - Audit of client visits, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with director
4	Preparation, Completion, & Submission of Compliance Documents

ACH \$800+\$250+\$250+\$100+\$500+\$150+\$150=\$2200



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164210	LCP CHECKING xxxxxx6649	\$150.00

Tracking ID: 164210

Total Amount: \$150.00

Created: 06/05/2018 10:54 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Alexis Farrugia

Authorized: 06/05/2018 10:54 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 6/5/2018

ACH Header: CARING TO LOVE M

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugia	Alexis Farrulla		\$150.00	XXXXX71153	Checking	XXXXX0090	

Addenda: A Farrugia-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

May 2018 BILLED **

TOTAL ALL SUB REPORTS

Cumm from Last Month	1878	Cumm 2nd Visits Last Month	2122
Number of New Participants	306	New 2nd Visits	
Cummulative Participants	2184	Cumm 2nd Visits	2122

Client Services

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	306	\$ 3,060.00
2 Positive Pregnancy Test	\$ 10.00	272	\$ 2,720.00
3 Negative Pregnancy Test	\$ 10.00	30	\$ 300.00
4 Abstinence Education	\$ 30.00	30	\$ 900.00
5 Counseling	\$ 40.00	125	\$ 5,000.00
6 Referral Services	\$ 10.00	75	\$ 750.00
7 Health Risk Assessment	\$ 30.00		\$ -
8 Care Plan Development	\$ 30.00	175	\$ 5,250.00
9 On-going Care	\$ 30.00	145	\$ 4,350.00
10 Family Support Services	\$ 40.00	68	\$ 2,720.00
11 Home Outreach Support Services	\$ 75.00	6	\$ 450.00
12 Birth Outcome Confirmation	\$ 40.00	8	\$ 320.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,240	\$ 25,820.00

Amount Due	\$ 25,820.00
------------	--------------

Summary:

Care Pregnancy Clinic	\$ 9,540.00
Women's Resource Center of Natch LA	\$ 2,905.00
A Pregnancy Center	\$ 5,185.00
Access Pregnancy-(Catholic Charities)	\$ 1,770.00
Restoration House	\$ 3,195.00
CPC-Gonzales	\$ 1,545.00
CPC-RV	\$ 1,680.00

TOTAL ALL CENTERS

\$ 25,820.00

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic
Project Number LCP17-18-01
Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 06/10/2018)
Report Submitted By Deborah Clayton
Address 3813 N. Flannery Rd.
City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:122 2nd:78 3rd:34 Pantry:99 Home:27 Postpartum:22

Description of Service	#Served	Reimb. Cost	Total
Intake Application	125	\$10	\$ 1250
Positive Pregnancy Test	122 12 ^{net}	\$10	\$ 1220 1210 ^{net}
Negative Pregnancy Test	35 8 ^{net}	\$10	\$ 350 80 ^{net}
Abstinence Education	35 8 ^{net}	\$30	\$ 1050 240 ^{net}
Counseling	122 44 ^{net}	\$40	\$ 4880 1760 ^{net}
Referral Services	122 20 ^{net}	\$10	\$ 1220 200 ^{net}
Health Risk Assessment	130 0 ^{net}	\$30	\$ 3900 0 ^{net}
Care Plan Development	89 74 ^{net}	\$30	\$ 2670 2220 ^{net}
On-Going Care/Monitoring	61	\$30	\$ 1830
Family Support Services	13	\$40	\$ 520
Home Outreach Support Services	27 2 ^{net}	\$75	\$ 2025 150 ^{net}
Birth Outcome Confirmation	22 2 ^{net}	\$40	\$ 880 80 ^{net}

Total Services ~~927~~ 478 ^{net} \$ ~~22455~~ 9540. ^{net}

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Margaret Thompson
Sandra L. Lacy

*** FOR OFFICIAL USE ONLY ***

92

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy Clinic**LCP 17-18-01**

Cummm from Last Month 755 Cummm 2nd Visits Last Month 790

Number of New Participants for This Month 125 New 2nd Visits -

Cummmulative Participants 880 Cummm 2nd Visits 790

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	125	\$ 1,250.00
2 Positive Pregnancy Test	\$ 10.00	121	\$ 1,210.00
3 Negative Pregnancy Test	\$ 10.00	8	\$ 80.00
4 Abstinence Education	\$ 30.00	8	\$ 240.00
5 Counseling	\$ 40.00	44	\$ 1,760.00
6 Referral Services	\$ 10.00	20	\$ 200.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	74	\$ 2,220.00
9 On-going Care	\$ 30.00	61	\$ 1,830.00
10 Family Support Services	\$ 40.00	13	\$ 520.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		478	\$ 9,540.00

Amount Due \$ 9,540.00



GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167972	LCP CHECKING xxxxxx6649	\$9,540.00

Tracking ID: 167972

Total Amount: \$9,540.00

Created: 06/10/2018 7:10 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:10 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$9,540.00	XXXX6569	Checking	XXXXX0153	

Addenda:

CPC-May 2018

APPROVAL(S):

1

DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La
 Project Number LCP17-18-04
 Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 06/01/2018)
 Report Submitted By Danette Westfall
 Address 107 North Street
 City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
-------------------	------------	-----------------	-----------------	-----------	------	-----------

REIMBURSEMENT

New Pos. Clients:29 2nd:20 3rd:9 Pantry:25 Home:9 Postpartum:14

Description of Service	#Served	Reimb. Cost	Total
Intake Application	26X	\$10	\$ 260
Positive Pregnancy Test	29X	\$10	\$ 290
Negative Pregnancy Test	met 4 8X	\$10	\$ 50 40 met
Abstinence Education	met 4 8X	\$30	\$ 180 120 met
Counseling	met 14 29X	\$40	\$ 1160 560 met
Referral Services	met 10 28X	\$10	\$ 380 100 met
Health Risk Assessment	met 0 28X	\$30	\$ 1140 0 met
Care Plan Development	met 20X	\$30	\$ 600
On-Going Care/Monitoring	18X	\$30	\$ 540
Family Support Services	6X	\$40	\$ 240
Home Outreach Support Services	met 1 27X	\$75	\$ 575 75 met
Birth Outcome Confirmation	met 2 24X	\$40	\$ 560 80 met

Total Services 230 134 met \$ 5085.2905 met

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

☐
☐
☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cummm from Last Month 236 Cummm 2nd Visits Last Month 365

Number of New Participants for This Month 26 New 2nd Visits -

Cumulative Participants 262 Cummm 2nd Visits 365

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	26	\$ 260.00
2 Positive Pregnancy Test	\$ 10.00	29	\$ 290.00
3 Negative Pregnancy Test	\$ 10.00	4	\$ 40.00
4 Abstinence Education	\$ 30.00	4	\$ 120.00
5 Counseling	\$ 40.00	14	\$ 560.00
6 Referral Services	\$ 10.00	10	\$ 100.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	20	\$ 600.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	6	\$ 240.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		134	\$ 2,905.00

Amount Due \$ 2,905.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167973	LCP CHECKING xxxxxx6649	\$2,905.00

Tracking ID: 167973

Total Amount: \$2,905.00

Created: 06/10/2018 7:11 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:12 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$2,905.00	XXXX078	Checking	XXXXX2949	

Addenda: WRC-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
Project Number LCP17-18-103
Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 05/31/2018)
Report Submitted By Denise Williamson
Address 913 S. College Rd Ste 206
City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:63 2nd:40 3rd:26 Pantry:73 Home:7 Postpartum:10

Description of Service	#Served	Reimb. Cost	Total
Intake Application	43	\$10	\$ 430
Positive Pregnancy Test	63	\$10	\$ 630
Negative Pregnancy Test	84 <i>net</i>	\$10	\$ 840 <i>net</i>
Abstinence Education	84 <i>net</i>	\$30	\$ 2520 <i>net</i>
Counseling	22 <i>net</i>	\$40	\$ 880 <i>net</i>
Referral Services	22 <i>net</i>	\$10	\$ 220 <i>net</i>
Health Risk Assessment	28 <i>net</i>	\$30	\$ 840 <i>net</i>
Care Plan Development	37 <i>net</i>	\$30	\$ 1110 <i>net</i>
On-Going Care/Monitoring	33	\$30	\$ 990 <i>net</i>
Family Support Services	28 <i>net</i>	\$40	\$ 1120 <i>net</i>
Home Outreach Support Services	7 <i>net</i>	\$75	\$ 525 <i>net</i>
Birth Outcome Confirmation	40 <i>net</i>	\$40	\$ 1600 <i>net</i>

Total Services 439 237 *net* \$ 10795 *5185 - net*

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month

415

Cumm 2nd Visits Last Month

533

Number of New Participants for This Month

43

New 2nd Visits

-

Cumulative Participants

458

Cumm 2nd Visits

533

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	43	\$ 430.00
2 Positive Pregnancy Test	\$ 10.00	63	\$ 630.00
3 Negative Pregnancy Test	\$ 10.00	4	\$ 40.00
4 Abstinence Education	\$ 30.00	4	\$ 120.00
5 Counseling	\$ 40.00	20	\$ 800.00
6 Referral Services	\$ 10.00	13	\$ 130.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	27	\$ 810.00
9 On-going Care	\$ 30.00	33	\$ 990.00
10 Family Support Services	\$ 40.00	28	\$ 1,120.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		237	\$ 5,185.00

Amount Due \$ 5,185.00



GULF COAST BANK
& Trust Company

Created ▼	Status ▼	Approvals ▼	Transaction Type ▼	Account ▼	Amount ▼
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167974	LCP CHECKING xxxxxx6649	\$5,185.00

Tracking ID: 167974

Total Amount: \$5,185.00

Created: 06/10/2018 7:12 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:13 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$5,185.00	XXXX2775	Checking	XXXXX0222	

Addenda: APC-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities
Project Number LCP17-18-107-1
Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 05/31/2018)
Report Submitted By Kay Bongard
Address 921 Aris Avenue
City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:12 2nd:12 3rd:6 Pantry:42 Home:0 Postpartum:2

Description of Service	#Served	Reimb. Cost	Total
Intake Application	14	\$10	\$ 140
Positive Pregnancy Test	12	\$10	\$ 120
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	14/0 <i>not</i>	\$40	\$ 400 <i>not</i>
Referral Services	10/13 <i>not</i>	\$10	\$ 130 <i>not</i>
Health Risk Assessment	10/0 <i>not</i>	\$30	\$ 300 <i>not</i>
Care Plan Development	12	\$30	\$ 360
On-Going Care/Monitoring	6	\$30	\$ 180
Family Support Services	7	\$40	\$ 280
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	2	\$40	\$ 80

Total Services

111 *not* 80

\$

2680

1770. *not*

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

☐
☐

Total Billed

☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

M. Black

Supervisor's Signature

M. Murphy

Data Entry Clerk's Signature

Delvinh Pineda

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	95	Cumm 2nd Visits Last Month	98
Number of New Participants for This Month	14	New 2nd Visits	-
Cummulative Participants	109	Cumm 2nd Visits	98

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	14	\$ 140.00
2 Positive Pregnancy Test	\$ 10.00	12	\$ 120.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	10	\$ 400.00
6 Referral Services	\$ 10.00	13	\$ 130.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	12	\$ 360.00
9 On-going Care	\$ 30.00	6	\$ 180.00
10 Family Support Services	\$ 40.00	7	\$ 280.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		80	\$ 1,770.00

Amount Due \$ 1,770.00



GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167976	LCP CHECKING xxxxxx6649	\$1,770.00

Tracking ID: 167976

Total Amount: \$1,770.00

Created: 06/10/2018 7:14 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:14 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$1,770.00	XXXXX21274	Checking	XXXXX0137	

Addenda:

Access Catholic-May 2018

APPROVAL(S):

1

DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.
Project Number LCP17-18-116
Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 05/31/2018)
Report Submitted By Tara Hudgins
Address
City State Zip ,

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:28 2nd:12 3rd:7 Pantry:26 Home:8 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	32	\$10	\$ 320
Positive Pregnancy Test	28	\$10	\$ 280
Negative Pregnancy Test	4	\$10	\$ 40
Abstinence Education	4	\$30	\$ 120
Counseling	3516 <i>not</i>	\$40	\$ 140640 <i>not</i>
Referral Services	2711 <i>not</i>	\$10	\$ 270110 <i>not</i>
Health Risk Assessment	430 <i>not</i>	\$30	\$ 12900 <i>not</i>
Care Plan Development	2829 <i>not</i>	\$30	\$ 840690 <i>not</i>
On-Going Care/Monitoring	20	\$30	\$ 600
Family Support Services	8	\$40	\$ 320
Home Outreach Support Services	1 <i>not</i>	\$75	\$ 75 <i>not</i>
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services

227147 *not*

\$ 5080

3195. *not*

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

☐
☐

Total Billed

☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

JM8ko
Marlene Behrman
Mary Weaver

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SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	220	Cumm 2nd Visits Last Month	237
Number of New Participants for This Month	32	New 2nd Visits	-
Cummulative Participants	252	Cumm 2nd Visits	237

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	32	\$ 320.00
2 Positive Pregnancy Test	\$ 10.00	28	\$ 280.00
3 Negative Pregnancy Test	\$ 10.00	4	\$ 40.00
4 Abstinence Education	\$ 30.00	4	\$ 120.00
5 Counseling	\$ 40.00	16	\$ 640.00
6 Referral Services	\$ 10.00	11	\$ 110.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	23	\$ 690.00
9 On-going Care	\$ 30.00	20	\$ 600.00
10 Family Support Services	\$ 40.00	8	\$ 320.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		147	\$ 3,195.00

Amount Due \$ 3,195.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167977	LCP CHECKING xxxxxx6649	\$3,195.00

Tracking ID: 167977**Total Amount:** \$3,195.00**Created:** 06/10/2018 7:15 PM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 06/10/2018 7:15 PM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 6/11/2018**Effective:** 6/12/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$3,195.00	XXXX176	Checking	XXXXX5459	

Addenda: Restoration-May 2018**APPROVAL(S):**

1 DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales
 Project Number LCP17-18-01-1
 Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 06/01/2018)
 Report Submitted By Michelle Dyess
 Address 322 E. Worthy
 City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:7 2nd:7 3rd:3 Pantry:14 Home:4 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	10 ✓	\$10	\$ 100 ✓
Positive Pregnancy Test	7 ✓	\$10	\$ 70 ✓
Negative Pregnancy Test	3 ✓	\$10	\$ 30 ✓
Abstinence Education	3 ✓	\$30	\$ 90 ✓
Counseling	10 ✓	\$40	\$ 400 ✓
Referral Services	14 ✓	\$10	\$ 140 ✓
Health Risk Assessment	4 ✓	\$30	\$ 120 ✓
Care Plan Development	7 ✓	\$30	\$ 210 ✓
On-Going Care/Monitoring	7 ✓	\$30	\$ 210 ✓
Family Support Services	6 ✓	\$40	\$ 240 ✓
Home Outreach Support Services	4 ✓	\$75	\$ 300 ✓
Birth Outcome Confirmation	1 ✓	\$40	\$ 40 ✓

Total Services 282 ✓ 63 ✓ \$ 2220 ✓ 1545 ✓

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Michelle Dyess
Michelle Dyess
Michelle Dyess

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	110	Cumm 2nd Visits Last Month	64
Number of New Participants for This Month	10	New 2nd Visits	-
Cummulative Participants	120	Cumm 2nd Visits	64

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	10	\$ 100.00
2 Positive Pregnancy Test	\$ 10.00	7	\$ 70.00
3 Negative Pregnancy Test	\$ 10.00	3	\$ 30.00
4 Abstinence Education	\$ 30.00	3	\$ 90.00
5 Counseling	\$ 40.00	10	\$ 400.00
6 Referral Services	\$ 10.00	8	\$ 80.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	7	\$ 210.00
9 On-going Care	\$ 30.00	7	\$ 210.00
10 Family Support Services	\$ 40.00	6	\$ 240.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		63	\$ 1,545.00

Amount Due \$ 1,545.00

PO# 2000 224936-0518

Section G OTHER CHARGES

GULF COAST BANK
& Trust Company

Received

JUN 25 2018

DCFS
Economic Stability

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167978	LCP CHECKING xxxxxx6649	\$1,545.00

Tracking ID: 167978

Total Amount: \$1,545.00

Created: 06/10/2018 7:16 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:17 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,545.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC Gonzales-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic RV
 Project Number LCP17-18-01-02
 Date of Report 05/01/2018 thru 05/31/2018 (Report Printed: 06/10/2018)
 Report Submitted By Deborah Clayton
 Address 3813 N. Flannery Rd.
 City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Date	Center
			Not Appr			ID

REIMBURSEMENT

New Pos. Clients:12 2nd:0 3rd:0 Pantry:0 Home:0 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	56	\$10	\$ 560
Positive Pregnancy Test	12	\$10	\$ 120
Negative Pregnancy Test	44	\$10	\$ 440
Abstinence Education	44	\$30	\$ 1320
Counseling	11	\$40	\$ 440
Referral Services	0	\$10	\$ 0
Health Risk Assessment	12	\$30	\$ 360
Care Plan Development	12	\$30	\$ 360
On-Going Care/Monitoring	0	\$30	\$ 0
Family Support Services	0	\$40	\$ 0
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services

101 Mts

\$ 3600

1680. - Mts

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

☐
☐

Total Billed

☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Margaret Thompson
Sarah Selma

*** FOR OFFICIAL USE ONLY ***

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SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-RV**LCP 17-18-**

Cumm from Last Month	11	Cumm 2nd Visits	-
Number of New Participants for This Month	56	New 2nd Visits	-
Cummulative Participants	67	Cumm 2nd Visits	-

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	56	\$ 560.00
2 Positive Pregnancy Test	\$ 10.00	12	\$ 120.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	11	\$ 440.00
6 Referral Services	\$ 10.00	-	\$ -
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Development	\$ 30.00	12	\$ 360.00
9 On-going Care	\$ 30.00	-	\$ -
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		101	\$ 1,680.00

Amount Due \$ 1,680.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/10/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 167979	LCP CHECKING xxxxxx6649	\$1,680.00

Tracking ID: 167979

Total Amount: \$1,680.00

Created: 06/10/2018 7:17 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 06/10/2018 7:18 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 6/11/2018

Effective: 6/12/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,680.00	XXXX6569	Checking	XXXXX0153	

Addenda:

CPC RV-May 2018

APPROVAL(S):

1

DOROTHY WALLIS

PO# 2000 224936

SECTION I

INDIRECT COST

Life Choice Project

Coordinated Prenatal Care for
Louisiana's Pregnant Women

Invoice

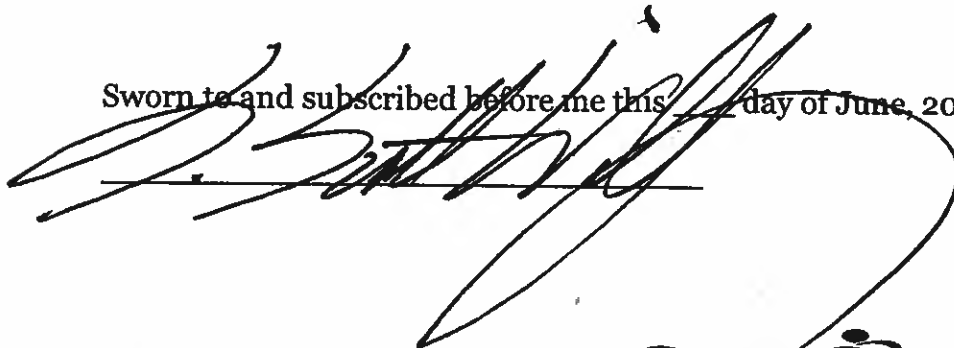
May 2018

Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00


Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this 12 day of June, 2018



S. SCOTT WILFONG
NOTARY PUBLIC
ID # 82151
commission does not expire

114



**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
6/5/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 164211	LCP CHECKING xxxxxx6649	\$4,500.00

Tracking ID: 164211

Total Amount: \$4,500.00

Created: 06/05/2018 10:55 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: DOROTHY WALLIS, CEO

Authorized: 06/05/2018 10:55 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 6/5/2018

ACH Header: CARING TO LOVE M

Effective: 6/6/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

Addenda: D Wallis-May 2018

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-0518

Section I-Indirect Costs-Project Admin

115

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: May 2018

Employee's Name: Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
LCP	7.7	6.8	7.7	7.1	4.3	0	8.5	7.7	6.8	7.7	6.8	8.5	0	6.8	6.8	6.8	7.7	6.8	3.4	0	7.7	6.8	6.8	6.8	7.7	3.4	0	0	7.7	7.7	6.8	179.3500
ADMIN	1.4	1.2	1.4	1.4	.8	0	1.5	1.4	1.2	1.4	1.2	1.5	0	1.2	1.2	1.2	1.4	1.2	.6	0	1.4	1.2	1.2	1.4	.6	0	0	1.4	1.4	1.2	31.6500	
Hours	9	8	9	9	5	0	10	9	8	9	8	10	0	8	8	8	9	8	4	0	9	8	8	8	9	4	0	0	9	9	8	211.00

Employee Signature: 

Date: June 4, 2018

Supervisor Signature: 

Date: 6/5/18

**Louisiana****HMO Louisiana****SOUTHERN NATIONAL**
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814**Group ID :** 27A61ERC
Subgroup ID : 0000**Due Date:** 05/15/2018
Billing Date: 04/30/2018**Invoice Period From :** 05/15/2018
Invoice Period Through: 06/14/2018
Invoice Number : 181210012542**Subscriber Count:** 1

Outstanding Balance..... \$1,293.21

Premiums This Period..... \$924.08

Member Adjustments..... (\$1,293.21)

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... (\$369.13)

5225 Enrol Benefits
- CPC***Please Pay Total Amount Due*****\$924.08**

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued →

SECTION I Indirect Cost-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

GROUP SUMMARY

Group Name: CARING TO LOVE MINISTRIES
Group ID: 27A61ERC
Subgroup ID: 0000
Due Date: 05/15/2018

► PAYMENTS

Description	Date	Amount
Payment Received	04/17/2018	\$924.08
Total		\$924.08

► PREMIUMS BY COVERAGE TYPE - BCBSLA

Coverage Type	Sub Count	Total
Medical	2	\$(369.13)
Total		\$(369.13)

► PREMIUMS BY PRODUCT DETAIL - BCBSLA

Product	Sub Count	Total
PPO	2	\$(369.13)
Total		\$(369.13)

► PREMIUMS BY CLASS

Class	Sub Count	Total
A001	2	\$(369.13)
Total		\$(369.13)

EMPLOYEE ADJUSTMENT SUMMARY PAGE: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES
Group ID: 27A61ERC
Subgroup ID: 0000
Due Date: 05/15/2018

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Adjustment
Hardee, Kim A	202227628	PPO	(\$1,293.21)	\$0.00	0	(\$1,293.21)
Total Adjustments			(\$1,293.21)			(\$1,293.21)

EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES
Group ID: 27A61ERC
Subgroup ID: 0000
Due Date: 05/15/2018

► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Hardee, Kim A	202227628	PPO	(\$1,293.21)	\$0.00	0	(\$1,293.21)
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
Totals						(\$369.13)

Transactions Details

Posting Date	05/09/20
Transaction Date	05/09/20
Description	DDA CHECK 00000179
Transaction Type	De
C	00
Amount	\$924.
Balance	\$3,211.

Front Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH AN UNPRINTED BORDER

CARING TO LOVE MINISTRIES OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124	HANCOCK WHITNEY BATON ROUGE, LOUISIANA 84-15/054	17935 5/3/18
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PAY TO THE ORDER OF Blue Cross Blue Shield \$ ****924.08**

Nine Hundred Twenty-Four and 08/100 DOLLARS

Blue Cross Blue Shield
P.O. Box 650007
Dallas, TX 75285

MEMO

Group ID 27A61ERC Subgroup 0000 5/15/18-6/14/

VOID AFTER 60 DAYS
OPERATING ACCOUNT

[Signature]
AUTHORIZED SIGNATURE

017935 065400153

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Attachment 7: Personnel Activity Report**Report Date: 5/1/18**

Administrative Staff	
Project Administrator	Dorothy H. Wallis
Accounting Services	Vickie Davis
Programmatic Staff	
Services Coordinator	Margaret Thompson
Home Prenatal Care Nurse	Emily McCool
Home Prenatal Care Educator	J. Moniq Adams
Clerical Support Specialist	Sherrye Dunn
Contracted Professional Services	
Performance Improvement Coordinator	Garcia Bodley/Resources for Communities
Professional Technical Services/QA Supervisor	Jennifer Ham
Professional Technical Services/QA Specialist	Michelle Dyess
Professional Technical Services/QA Specialist	Alexis Farrugia
Professional Technical Services/QA Specialist	Emily Ilgenfritz
Professional Technical Services/QA Specialist-backup only	Margaret Thompson
Other Professional/Technical Support Services	
Public Relations/Media Consultant	Randy Rice
Web-based Communications Consultant	Kathleen Benfield/Kathleen Benfield Consultants
Computer Services Technical Support	TurnKey
Auditor	Michael Choate, CPA